



PHD

**Policymaking for Long-term Care Provision for Older Disabled People in China
A Comparative Study of Beijing and Shanghai Municipalities**

Chen, Chunhua

Award date:
2021

Awarding institution:
University of Bath

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Policymaking for Long-term Care Provision for Older Disabled People in China
- A Comparative Study of Beijing and Shanghai Municipalities

Chunhua Chen

A thesis submitted for the degree of
Doctor of Philosophy

University of Bath
Department of Social and Policy Sciences
August 2021

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Declaration of authorship

I am the author of this thesis, and the work described therein was carried out by me personally.

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Abstract

With over 40 million disabled older people, long-term care (LTC) provision has become one of the most critical social, economic, and political issues facing the Chinese government. Yet despite significant state attention, accessible and affordable LTC remains a challenge. This has highlighted problematic policymaking, as local policy responses are neither in line with their central instructions nor relevant to local capabilities or identified LTC needs. This study sought to understand why different or even contradictory LTC policy responses have occurred in two case study sites, Beijing and Shanghai, despite being driven by the same national policies. It addresses the lack of research, which has examined the policymaking process from LTC needs to LTC provision in China and how different geographical locations experience policymaking under the same institutions.

The thesis adopted a qualitative methodology, interviewing key policymakers and employing the Multiple Streams Approach (MSA) to analyse the LTC policymaking process in Beijing and Shanghai. The findings demonstrate a highly politicised process of LTC policymaking in China, with ambiguous national strategies of LTC provision and weak national steering on implementation. This has led to divergent approaches. In Beijing, politics-driven policymaking has let path-dependent LTC policies dominate, while in Shanghai issue-focused policymaking has resulted in path-departing LTC policies. Different policy responses in the two sites reflected either symbolic or thorough implementation of national policies. Given the evolving LTC policy system, the findings on the highly politicised LTC policymaking and its specific political processes have policy implications for policymaking, LTC provision and social welfare development in China. The thesis also makes a methodological contribution to the literature, showcasing the value of MSA for analysing policy responses of subordinate organisations to superordinate authorities under ambiguity in China.

Abbreviations

CPC: Communist Party of China
CPPCC: Chinese People's Political Consultative Conference
NPC: National People's Congress
Politburo: Central Political Bureau of the Communist Party of China
PRC: People's Republic of China
UN: United Nations
WHO: World Health Organisation

CASS: Chinese Academy of Social Sciences
China BHI: Bureau of Health Insurance
China HRSS: Ministry of Human Resources and Social Security
China MOCA: Ministry of Civil Affairs
China MOF: Ministry of Finance
China NCA: National Commission of Ageing
China NHC: National Health Commission
Beijing CA: Beijing Municipal Commission of Ageing
Beijing FB: Beijing Municipal Finance Bureau
Beijing HC: Beijing Municipal Health Commission
Beijing HRSS: Beijing Municipal Human Resources and Social Security Bureau
Beijing MOCA: Beijing Municipal Civil Affairs Bureau
Beijing PC: Beijing Municipal People's Congress
Shanghai DRC: Shanghai Municipal Development and Reform Commission
Shanghai HC: Shanghai Municipal Health Commission
Shanghai HRSS: Shanghai Municipal Human Resources and Social Security Bureau
Shanghai MOCA: Shanghai Civil Affairs Bureau
Shanghai RCA: Shanghai Research Centre on Ageing

ADL/IADL: Activities of Daily Living/Instrumental Activities of Daily Living
BPS: Basic Public Services
CLHLS: Chinese Longitudinal Healthy Longevity Survey
ESFD: Employment Security Fund for the Disabled
HRS: Household Registration System
LTC: Long-term care
LTCL: Long-term Care [Social] Insurance
MLSS: Minimum Living Security Scheme
UNAS: Unified Needs Assessment Standard
WLF: Welfare Lottery Fund

Beijing Regulation: Beijing Municipal Regulation on Home Care for Older People
Shanghai Regulation: Shanghai Municipal Regulation on Protection of the Rights and Interests of the Elderly

Glossary

Older people (*Laoren/Laonianren*): The Law of People's Republic of China on Protection of the Rights and Interests of the Elderly (2012 Revision) defines older people as those aged over 60 years, which is also the state pension age. This study adopts the official definition unless stated otherwise.

Empty-nests senior citizen/family (*Kongchao laoren/jiating*): Older person or couples live by themselves with children living away at least for more than six months.

ADL/IADL: In China, there is no consensus on the items to be included to measure ADL/IADL. In general, ADL includes eating, bathing, getting dressed, toileting, mobility, and getting in and out of bed. IADL refers to doing housework, cooking, shopping, managing money, taking medicine, telephoning, washing clothes, and using vehicles.

Disability among older people (*Shineng*): In China, there is no standard definition of disability among older people. In general, the three scales of disability among older people are measured by six basic ADLs: mild, moderate, and severe disabilities.

Services for older people (*Yanglao fuwu*): Three levels of definitions are found in Chinese literature. This study employs a mid-range definition that has been widely used in ageing policy documents in China, referring to social care services regulated by China MOCA.

9073/9064: The term commonly used in policy documents refers to the structure of the service system for senior citizens in terms of the settings of service delivery. It consists of home care (90%), community care (7% or 6%) and institutional care (3% or 4%).

Institutional care, community care and home care (*Jigou zhaoliao, Shequ zhaoliao, Jujia fuwu*): The three terms refer to the services for the ageing population delivered in the institution, community, and home settings, respectively.

Formal care (*Zhengshi zhaoliao*): This term refers to services provided within the scope of formal employment regulations. In China, unless otherwise specified, services for older people usually refer to formal care in policy documents.

Long-term care (*Changqi zhaoliao/Changqi zhaohu*): China HRSS and China NHC define LTC as assistance with ADL, as well as healthcare closely related to ADL, aiming to ensure basic rights and dignity and improve life quality for older people with disabilities. In practice, LTC refers to social care and healthcare for older people with ADL/IADL disabilities over an extended period (usually more than 6 months). In policy documents and research, '*Changqi zhaoliao*' and '*Changqi zhaohu*' are used interchangeably. The difference is that the former is more concerned about health care whilst the latter is more relates to social care.

Health-social care integration (*Yi yang jiehe*): A policy initiative aims to remove institutional barriers to connecting social care and health care system, thereby addressing LTC needs for older people through fewer conversions between separate service systems.

People's livelihood (*Minsheng*): This term refers to issues relating to the people's life, such as housing, employment, social welfare, social insurance, and public services, including public transportation, water, and electricity.

Basic public services (*Jiben gonggong fuwu*): According to the State Council, this term refers to public services that are government-led and compatible with economic and societal

development, aiming for guaranteeing the essential needs of all citizens for maintenance and development¹.

Equalization of Basic Public Services (*Jiben gonggong fuwu jundenghua*): The concept promoted by CPC since 2006 refers to the process of achieving equality of basic public services regardless of HRS and economic conditions.

Social security (*Shehuibaozhang*): The overarching concept consists of social insurance, social welfare, and social assistance. It is commonly used in policy documents, but debatable in academic research.

Social insurance (*Shehuibaoxian*): This term refers to various compulsory and employment-based insurances, including pension insurance, health insurance, unemployment insurance, maternity insurance, and industrial injury insurance. Long-term care insurance is unofficially viewed as the sixth type of social insurance. The central government departments responsible for social insurance are the Ministry of Human Resources and Social Security and the newly established Bureau of Health Insurance in 2018 focusing on health insurance and LTCL.

Social welfare for older people (*Laonian fuli*): This term refers to social welfare and social assistance benefits in cash and in-kind for the ageing population. Given the blurred boundaries between social welfare and social assistance and the dominant use of social welfare in Chinese policy documents, this thesis adopts the term ‘social welfare’ without dividing them. Social welfare for older people is mainly tax-funded or financed by the collective economy in rural areas and supplemented by the Welfare Lottery Fund. The central government department regulating and providing social welfare is the Ministry of Civil Affairs. The main four types of welfare benefits include:

- **Five-guarantees** (*Wubao*): This term refers to the benefits provided to rural residents aged 60 years or over who have no source of income, ability to work, and legal supporters. It aims to guarantee the five basic needs of normal life, including food, cloth, housing, health care, and funeral services provided by the state and the collective economy.
- **Three-Nos** (*Sanwu*): This term is similar to the Five-guarantees but targets at urban residents, who have no source of income, ability to work and legal supporters.
- **Minimum Living Security Scheme** (*Zuidi Shenghuobaozhang*): This term refers to the benefits provided by the state to people living below the MLSS line to maintain a normal life.
- **Three primary allowances** (*Sanxiang butie*): This term refers to the three cash allowances for older people over 80 years old, for older people to pay for social care, and for older people to pay for LTC respectively.

Welfare Lottery Fund (*Fuli caipiao jijin*): This term refers to public revenues obtained through selling ‘welfare lottery’ by the MOCA system. It is allocated through the public-budgeting system by the financial department and the MOCA department.

Employment Security Fund for the Disabled (*Canjiren jiuye baozhangjin*): This is a government fee collected from employers aiming for stimulating employers to increase the proportion of disabled persons to more than 1% of the total number of employees, thereby developing human resources for the disabled. The responsible department is China HRSS.

¹ http://www.gov.cn/zhengce/content/2017-03/01/content_5172013.htm.

The New Economic Normal (*Jingji xin changtai*): This term refers to the status of slow or static economic growth in a relatively long time compared to the period of high-speed economic growth in China.

The Chinese Longitudinal Healthy Longevity Survey (*Zhongguo laonianren jiankang changshou yingxiangyinsu diaocha*): This is a database maintained by Peking University that provides information on the health status and quality of life of people aged 65 and over in 22 provinces in China.

Policy No. 35 (*35 hao wen*): That is, State Council Opinions on Accelerating Development of the Elderly Service Industry (No.: State Council [2013] 35). It is generally regarded as the starting point for the systematic construction of a service system for the ageing population in China.

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Chapter 1. Introduction

1.1 Research question and objectives

Population ageing has been a global phenomenon and a world norm since the last century (Yang, 2014; WHO, 2015); however, ageing processes vary significantly across regions and countries. In China, it is presented as rapid ageing, based on a large population size and high risks of disability among the aged population, which has the overall low ability to pay for services due to the high proportion of poverty among the ageing population and a low level of welfare benefits. Therefore, with more than 40 million disabled older people, the fundamental problem of population ageing in China resides in “poverty, disease and disability risks among older people” (Dang, 2015, p. 7), and long-term care (LTC) provision for older people has become one of the most critical social issues. However, despite great endeavours to increase LTC provision for older people by the state, accessible and affordable LTC remains a big challenge, highlighting problematic LTC policymaking in China. Undoubtedly, a lack of accessible and affordable LTC has affected the well-being of a large number of disabled older people and their families.

Ageing policy is a newly emerging area in China. Its trend remains unclear and fragmented policymaking has long been criticised (Yuan et al., 2009). For example, LTC policies have varied considerably across regions and levels of local governments. Despite strong similarities in the size of the ageing population, the prevalence of disabilities among older people, economic development and thus fiscal capacity, and the political institutions, Beijing and Shanghai as parallel cities vividly demonstrate vastly different LTC policy responses to the same national strategies for LTC provision. The above observation urged this research to understand why different or even contradictory policy responses have occurred in parallel localities despite close resemblance in multiple terms. To solve this puzzle, the research seeks to reveal the LTC policymaking process in the two sites by addressing the research question and objectives:

The Research Question –

What are the key factors that contribute to explaining the different LTC policymaking experiences across China? The cases of Beijing and Shanghai.

Objectives –

- 1) *To examine the national strategies of funding and delivering LTC instructed by the central directives*
- 2) *To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*
- 3) *To explore the LTC policymaking approaches adopted in Beijing and Shanghai and their influencing factors*
- 4) *To discover the implications for policymaking and welfare development in China*

1.2 Contribution

Currently, the fact that LTC provision is far from being accessible and affordable indicates problematic policymaking in China. Due to China's large population size, rapidly ageing population, and increasing prevalence of disabilities among older people; it is imperative and urgent that policy research pays attention to LTC policymaking. This research is the first attempt to study LTC provision as an entity consisting of funding and delivering LTC and to investigate the LTC policymaking process that has remained unexplored in China. Therefore, the fulfilment of the three main research objectives contributes to the body of knowledge on LTC and has theoretical and empirical relevance to Chinese policymaking and welfare development in China.

This study provides an integral view on LTC policy analysis rather than focusing on individual policies, thereby capturing a more complete picture of LTC provision and its evolutionary trend under Moderate Universalism in China. In doing so, this study is the first endeavour to examine the development of this new model in a specific policy area. Based on the integral concepts of LTC and LTC provision, this study examines the LTC policymaking process to identify LTC policymaking approaches and key influencing factors, thereby making theoretical contributions towards Chinese policymaking from two perspectives. Thus, this study addresses fundamental gaps in knowledge regarding Chinese social policy, as the LTC policymaking process has remained chronically under-researched in China. Furthermore, through employing the Multiple Streams Analysis (MSA) to investigate the process of LTC policymaking, this study tests to what extent MSA is relevant to the Chinese context and observes how MSA can be taken forward in social policy research in China.

Ultimately, this study contributes to improving LTC policymaking practice and LTC provision, thereby benefiting disabled older people and their families in China. This study employs an interpretive approach and a social constructivist paradigm that values actors' subjectivity and autonomy, providing policymakers with the possibility of improving policymaking through changing its social constructions. More than a possibility, this study investigates the specific political processes of LTC policymaking, therefore generating accurate knowledge of LTC problem constructions, the discussion of potential solutions, and the competition of different ideas, as well as LTC policymaking approaches and their influencing factors. Chinese policymakers can utilise this precise knowledge to improve policymaking towards more inclusive LTC policymaking and LTC provision.

1.3 Thesis organisation

This thesis consists of ten chapters. Following this chapter, Chapter 2 situates this study in the context of population ageing globally and in China. The chapter presents the severe challenge for the world brought about by population ageing. In particular, China is facing the dual challenges of rapid population ageing and increasing disability rates among older people, both of which call for political attention to LTC provision in China. Critical analysis of the existing national policy response exposes serious problems of affordable and accessible LTC provision. Then, the chapter examines LTC provision in Beijing and Shanghai as the two research settings in this study, thereby providing specific context for further research on LTC policymaking in

the two sites. The chapter illustrates their strong similarities in structural factors as well as essential differences in LTC policies.

Chapter 3 reviews the policy analysis theories used internationally and in China, aiming to lay the theoretical foundation for this study and find theories or analytical frameworks that can explain different policymaking experiences across locations within a unitary political system in China. Since policy analysis theories developed from the West and are widely employed by Chinese scholars, this chapter follows that logic, starting with reviewing the interpretive turn in policy theories in the West followed by presenting the Chinese context, in which Western theories are applied, before going on to review the dominant models and perspectives of Chinese policymaking. However, an extensive literature review on population ageing and LTC policies, as well as policymaking in China, reveal notable knowledge gaps in achieving the research objectives, drawing attention to the LTC policymaking process through a perspective other than the mainstream arguments of leadership power, rationality, and institutions. To address the research question and fill in knowledge gaps, this chapter presents the Multiple Streams Approach as the main theoretical framework that incorporates actors, institutions and ideas, seeking a multi-factor explanation of LTC policymaking in Beijing and Shanghai.

Chapter 4 sets out the philosophical positions, the qualitative research design, specific research methods, and the concrete process of data collection and data analysis, thereby presenting a comprehensive research design and increasing the credibility of this research. It illustrates that this qualitative research is grounded in an interpretivist philosophy that is underpinned by ontological and epistemological constructivism, aiming to provide an in-depth understanding and explanation of the LTC policymaking process in China. Further, it demonstrates that 25 semi-structured interviews with policymakers at the central level and in Beijing and Shanghai, constitute the main method used to generate subject data about their lived experiences of LTC policymaking. Then, this chapter explains data analysis that involved the thematic analysis of the data from the central government, Beijing, and Shanghai, which generated 12 themes and three overarching research findings, and comparative analysis of Beijing and Shanghai. Due to the cross-border application of ethics protocols, this chapter highlights critical or unique ethical issues and considerations arising from the fieldwork in China. Also, this chapter reflects how the researcher's position in this research was affected differently by previous knowledge and the power relations between the researcher and the elite interview participants. In terms of data quality and sample size, the chapter concludes by reviewing the strengths and limitations of this research design.

Chapters 5, 6 and 7 present the findings of the national strategies for LTC provision and their implementation in Beijing and Shanghai through thematic analysis of interview data. Specifically, Chapter 5 illustrates the formation and features of the national strategies of LTC provision instructed by a series of central directives, thereby fulfilling the first research objective and providing the general context for the following chapters. It establishes that the rollout of the national strategies of LTC provision reflected the increasing attention paid to LTC by the central authorities; however, their commitment was conditional, leaving space for different interpretations and implementation for local governments. To examine the implementation of national policies in Beijing and Shanghai, Chapters 6 and 7 investigate the

LTC policymaking process in the two sites, including the conceptualisation of the LTC problem, perceptions of the two main funding mechanisms and the design and delivery of LTC, and the political context for LTC policymaking. Therefore, they contribute to achieving the second research objective.

Bringing together the findings on the specific LTC policymaking processes in Beijing and Shanghai, Chapter 8 proceeds to analyse their interactions in the two sites by applying MSA to examine the sequence and relative importance of these subprocesses, that is, problems, policies, and politics in MSA. Therefore, these features of interaction determine the politics-driven LTC policymaking approach in Beijing and the issue-focused LTC policymaking approach in Shanghai. Further cross-case comparison of the LTC policymaking process identifies four key factors that affected the LTC policymaking approaches. In this way, Chapter 8 meets the third research objectives of this study.

Chapter 9 considers the theoretical and policy implications of the findings drawn from this study for LTC and policymaking in China, therefore attaining the fourth research objective. The chapter elaborates on the theoretical modifications to MSA and the remaining challenges for this study. It then discusses the implications of the findings on the highly politicised process of LTC policymaking in China. Also, as a result of LTC policymaking and the implementation of national policies, the chapter discusses the implications of the two LTC provision methods adopted by Beijing and Shanghai for the development of Moderate Universalism in China. Based on these theoretical and policy implications, this chapter presents suggestions for further research on LTC in China, including the continuing and longitude research on LTC, improving the applicability of MSA to the Chinese context by testing findings in this study against other policy domains and localities, and addressing the remaining challenges of MSA in this study, paying close attention to changing power relations between different types of policymakers in the context of pluralistic participation and corresponding impacts on Chinese policymaking.

Finally, Chapter 10 summarises the research findings and key arguments from this study. It illustrates how the thesis addresses the research question and thus contributes to the existing knowledge of LTC, policymaking and social welfare development in China.

Chapter 2. Population Ageing and Long-term Care Provision in China

2.1 Introduction

Although population ageing has been a global phenomenon, ageing processes differ significantly across regions and countries. With more than 40 million disabled older people, the fundamental problem of ageing in China lies in ‘poverty, disease and disability risks among older people’ (Dang, 2015, p. 7), thus the provision of long-term care (LTC) for the disabled has become one of the most critical social issues facing governments. The state has made great endeavours to enhance income security and increase LTC service delivery for older people. However, accessible and affordable LTC remains one of the biggest challenges. In particular, the policy response to LTC provision by local governments has varied considerably across levels and regions, and Beijing and Shanghai vividly demonstrate contrasting policy responses despite strong similarities in multiple aspects. This contrast makes a comparative study on LTC policymaking convincing and insightful. Further, their leading status in China provides the potential for exploring the wider implications for ageing policymaking in the rest of the country.

The organisation of this chapter is as follows. After this section, Section 2.2 reviews the global challenge of population ageing, providing the international context for this study; Section 2.3 examines this global challenge in the Chinese context, identifying its Chinese characteristics; Section 2.4 reviews the national policy responses to the challenge from the perspective of funding and delivering LTC; further, Section 2.5 evaluates these policy responses, identifying critical issues associated with accessible and affordable LTC, and the government responsibility for LTC provision; Section 2.6 illustrates different LTC policy responses in Beijing and Shanghai; and Section 2.7 provides a summary of the chapter.

2.2 Ageing and disability in an international context

Population ageing is a global phenomenon that is unprecedented, pervasive, and enduring, and its far-reaching influences on economic and societal development cannot be underestimated (UN, 2001). Furthermore, ageing is intimately related to disability, poverty, inequity and inequality (UN, 2011; WHO, 2002; 2015). Disability has been a human rights issue as well as a developmental issue (WHO, 2011). The profound impacts of population ageing and disability risks present a challenge for social policymaking across the globe (UN, 2002), requiring the world to be equipped with a sound strategy and longer-term solutions to the challenges.

The world population has almost doubled since 1950, while the older population (people over 65 years of age) has increased by more than 376% globally. The total population aged over 60 reached 962 million in 2017, accounting for 12.7% of the world population. It is estimated that the ageing process will continue to develop in the next five decades and the aged population will expand to 2.1 billion by 2050, representing over 21% of the total population (UN, 2017). With dramatic increases in longevity, one striking demographic change is a fast-rising proportion of people over 80 years of age. Compared with the other age groups, older adults over 80 represent one of ‘the fastest growing age groups’ (UN, 2002, p. xxix). The

average annual growth rate remains rising from 2.4% in 1950–1955 to the peak point of 4.6% in 2030–2035. Though it is estimated to decrease to 3.2% in 2045–2050, the growth rate of older people aged 80+ is constantly higher than that of the overall ageing population (UN, 2001, p. 23). By the middle of the 21st century, more than 20% of the older-aged population will be represented by those aged 80 or over, accounting for 425 million people (UN, 2017).

Facts have proved that there is a straightforward relationship between ageing and a higher risk of disability (WHO, 2011), which is evidenced by comparing disability rates among different age cohorts. Almost 40% of older people aged 65 live with mobility disabilities, while this number is 13% among the working population. In terms of severe disabilities, the world average prevalence of disability among older people was 10.2% in 2004, which is more than ten times the value among young children aged 0–14, and nearly 8% higher than that among those aged 15–59. The difference was much larger in terms of moderate or middle-range disabilities. Furthermore, the prevalence of disability among older people has geographic characteristics. Table 1 shows a higher incidence of disability among older people in less-developed areas. For example, in 2004, the prevalence of severe disabilities among older people in Africa and Southeast Asia was considerably higher than that in high-income countries, indicating that older adults in underdeveloped regions are at a higher risk of severe disability.

Table 1 Estimated prevalence of disability, by region and age, 2004

Scale of disability	World	High-income countries	Africa	South-east Asia
Severe disability				
0–14 years	0.7	0.4	1.2	0.7
15–59 years	2.7	2.3	3.3	2.9
60+	10.2	8.5	16.9	12.6
Moderate or medium disability				
0–14 years	5.1	2.8	6.4	5.2
15–59 years	14.9	12.4	19.1	16.3
60+	46.1	36.8	53.3	58.8

Source: http://www.who.int/disabilities/world_report/2011/en/.

Despite mobility impairment, cognitive impairment has started to become a prominent disability risk, which is associated with dementia and impairment in IADL (WHO, 2017). In 2015, more than 47 million people were affected by dementia worldwide. This number will increase significantly to 225 million by 2050 (WHO, 2017). Among older people, the prevalence of dementia was 19.1% in Latin America, 15.3% in India, and 36.1% in China (Albanese et al., 2011, p. 515). As the WHO states, cognitive impairment has been ‘a strong predictor of functional disability and the need for care among older people’ (2017, p. 14).

2.3 Ageing and disability in China

China has long been struggling with population issues since the foundation of the People’s Republic of China. Rather than concerning itself just with its large population of over 1.4 billion, in recent decades China has started to pay greater attention to the profile of these

demographic changes. These have largely been viewed as a challenge to economic growth and thus social development, both by academia, the government and society (Yao, 2008; Li et al., 2015; Liu and He, 2012; Li, 2013; Yang, 2014; Dang, 2015; Xi, 2016).

2.3.1 Rapid population ageing

Ageing in China is characterised by the unprecedented pace of change and the large size of the aged population. Since China formally joined the ‘ageing society club’ with 6.96% of its population over the age of 65 in 2000, the old-age population has increased rapidly by more than 90 million within 15 years. The ageing population in 2015 numbered more than the total population of France, Germany and the UK in 2016 (215.21 million). In 2017, it has reached 228.9 million, accounting for 16.24% of the total population in China and 23.79% of the world ageing population (United Nations, 2017). From 2017 to 2050, the ageing population is projected to increase at a growth rate of nearly 19% and thus will soar to 410 million by 2036, representing more than 25% of the world’s older population (Zhai et al., 2016). The UN estimates that the proportion of the aged population in China will be over 35% by 2050.

Besides rapid ageing, a trend towards a super ageing society in the near future is evident (Yang, 2014). In China, the proportion of the old-age population (people over 80 years of age) increased sharply in the 21st century. As shown in Table 2, China remains at the top of the list for the highest population in advanced old age in 2000–2050. In 2017, China accounts for more than 18% of the world’s old adults over 80 years, and by 2050, this number will rise to 26%. This group will exceed 40 million in 2030 and then will reach 111 million by 2050, representing 23% of the aged population in China (UN, 2017). Even compared with the United States and India, which have the second- and third-largest population, respectively, in advanced age in 2000 and 2050, the gap is as high as 13 to 14% (UN, 2017).

Table 2 Countries with the largest older population over the age of 80 in 2000 and 2050

Countries	2000		2050	
	Population over 80 (million)	% of world population over 80	Population over 80 (million)	% of world population over 80
China	12	17%	99	26%
USA	9	13%	30	8%
India	6	9%	48	13%
Japan	5	7%	17	4%
Germany	3	4%	-	-
Russian Federation	3	4%	-	-
Brazil	-	-	10	3%
Indonesia	-	-	10	3%

Source: <https://population.un.org/ProfilesOfAgeing2017/index.html>.

2.3.2 Increasing and unevenly distributed disability among older people

Population ageing in China incorporates increasing risks of disability. The disability rate is a key indicator for understanding the ageing process as it is subject to macro and micro factors, including biological, socio-economic, and behavioural factors (Gu and Zeng, 2004; Jiang et al.,

2015; Li et al., 2015; Wang et al., 2004; Yin and Lu, 2007). National surveys and population censuses show that disability prevalence among older people has kept rising over the past two decades in China (Zhou, 2008; Zhang et al., 2019; Yan et al., 2019). From 1994 to 2005, this number doubled, and from 2006 to 2015, it almost tripled (Zhou, 2008). By merging data from three major national surveys in China, the overall disability rate of older people was estimated at 11.2% in 2010–2011 (Zhang and Wei, 2015), which has increased to over 18% in 2015, according to the 4th national survey. Furthermore, in terms of the degree of disability, older people with moderate and severe disabilities accounted for 17% of total disabled older people (Zhang and Wei, 2015), representing more than 6.9 million older persons. Therefore, with increasing life expectancy, the independence of older people is declining in China (Du and Li, 2006; Du and Wu, 2006).

Linking to declining health situations (Wang and Zeng, 2015; Yang, Hao, and Sun, 2016; Yin and Lu, 2007), the disability rate increases significantly among people aged over 80 years (Cao, 2015). Chronic diseases are ‘significant and costly causes’ of disability worldwide (WHO, 2002, p. 34). In China, over 75% of older people suffer chronic disease and over 50% of older persons aged 70+ suffer two or more chronic conditions (WHO, 2015; Du et al., 2016). In terms of age groups, the disability rate reached over 20% in the 80–84 age group and over 62% in the 85+ age group, while this number was 4–5.1% among people aged 60–69 and 7.4–13% among people aged 70–79. In 2014, people over 80 years of age with a disability account for more than 27% of total disabled older people, representing 6.64 million older adults (Zhang and Wei, 2015).

Also, the disability rate varies greatly across geographic locations in China. In terms of the general south–north divide, the disability rate was significantly higher in northern China than that in southern China (Li, Tang, and Wang, 2016; Chen, 2018). By using CLHLS 2002, Yin and Lu (2007) found the disability rate was lower in southern China than the national average rate, which is still lower than that in the north. The gap between the two extremes is as high as nearly 40% (64% in Heilongjiang and 26.7% in Guangxi) (ibid.). By analysing 2010 National Population Census data, Li et al. (2015) reached the same conclusion, that is, that five provinces with the lowest disability rate are all from the south, and Tibet, with the highest value at 5.54%, is twice that of Guangdong Province with the lowest value at 1.8%. More specifically, the eastern region has the lowest disability rate at 4.8%, while the northeast region has the highest disability rate at 8.8%, followed by the western and central regions at 7.4% and 6.7%, respectively (Lin, 2015).

Besides regional variations, disability rates occur unevenly among different sectors of the population. In China, the urban–rural divide is a distinct characteristic with regards to the distribution of ageing population and disability rates among older people (Chen, 2006), and the disability rate is higher in rural areas than in urban areas (Chen and Xu, 2011; Du and Wu, 2006; Lin, 2015; Zhou, 2008). The 2004 National Population Census showed that the disability rate among rural residents over the age of 60 was 10.8%, 4% higher than the rate in urban areas and this trend continued through to 2014. Further, in terms of the degree of disability, older people with moderate and severe disabilities in rural areas were around 2.15 million, about 1.7 times more than in urban areas (Zhang and Wei, 2015).

The above features of ageing determine that, in the context of China, disease and disability risks among older people constitute the fundamental problem of population ageing (Chen, 2009; Dang, 2015), thus recognising the crucial role of meeting the needs of disabled older people (Zeng, 2001; Du and Wu, 2006; Yin and Lu, 2007; Ni et al., 2010; Zheng, 2011; Wong and Leung, 2012; Jing and Li, 2014; Lin, 2015). However, the current systems are incapable of addressing population ageing (Ni et al., 2010; Pan et al., 2012; Li and Li, 2014; Luo, 2014; Su and Peng, 2015). The existing social security and social service systems for older people are seen as being 'largely inadequate' and ill-prepared for the rapidly increasing ageing population (Leung, 2003, p. 76; Chen, 2009; Dang, 2015). The social welfare system represented a typical Selectivism or new Residualism (Leung, 2006; Mok and Lau, 2014), focusing on special groups of people mainly with economic difficulties. The care regime for older people, which relies heavily on family support, remains the same as Residualism (Shang and Wu, 2004; Wong, 2005).

2.4 The national policy response in China

The unprecedented challenge of ageing and disability demands new ideas for social policymaking in China (Peng et al., 2017). Based on studies in OECD countries with rich experience in LTC provision, Colombo et al. (2011) argue that LTC should be universal for its 'equity and efficiency rationale', which is 'better able to ensure high and equitable access' (p. 28). Since 1978, the Chinese government have promoted and embraced new ideas in social policy, such as Inclusive Social Policy, Developmental Social Policy, Moderate Universalism, Equalisation of Basic Public Services (EBPS) and Equity on Basic Needs (Wang, 2009; Jiang and Zhang, 2011; Jing and Bi, 2011; Yu 2011; Zheng, 2011; Liu, 2013). Both EBPS, presented by CPC since 2006, and Moderate Universalism, promoted by China MOCA since 2006, have been adopted in policy documents. With this in mind, the Chinese government has made extensive policy responses to population ageing and established a basic service system for the ageing population (China MOCA, 2016c), characterised by improving income security towards universal coverage and increased benefits levels, and enhancing the overall service capacity for society, and LTC in particular.

2.4.1 Funding long-term care

Given the extreme costs of LTC for society, funding LTC presents a challenge both for the state and older people. For the state, funding LTC in a sustainable way has been the most concerning issue, even in wealthy countries (Hancock et al., 2003; Colombo et al., 2011). Meanwhile, people with a higher risk of disability are often the people who have the least ability to pay for their care (Lin, 2015). Therefore, the ability to pay and financial support are the areas of most concern in LTC policy across the world but also in China (Colombo et al., 2011; Fisher et al., 2011; Luo, 2014; Sun and Lan, 2016).

In China, a dramatic increase in LTC costs by 2050 seems unavoidable. With a rapidly ageing population and increasing disability rates among older people, meeting the long-term care needs of this group has moved up the agenda to become a major social problem that requires policy intervention (Du et al., 2009; Li and Li, 2014; Dai, 2015; Peng et al., 2017). Thus, LTC needs provide evidence for the necessary planning for policymaking and LTC provision (Huang and Wu, 2012; Hu et al., 2015; Zhang and Wei, 2015). However, needs can be measured and

interpreted differently, and this has led to a large body of literature concerned with LTC needs measurement and estimation. Some writers have attempted to estimate the costs of providing LTC to the population. There are some approximate estimates about LTC needs, based on the assumption that poor health among older persons, such as people over 80, are likely to require LTC (Zeng, 2001); more than 27 million older people will have LTC needs by 2030 (Du et al., 2016). An accurate method is to measure the scale of LTC needs based on LTC costs. However, figures vary widely, ranging from over 700 billion CNY to 15,554 billion CNY by 2050. Table 3 summarises the various data sources, the methods of measuring LTC needs, and the estimated cost.

Table 3 LTC needs estimation in financial terms in China

Author	Data source	LTC needs by 2050 (billion CNY)
Zhu and Jia (2009)	National statistics and estimation	702.2–1,170.3
Hu et al. (2016)	CLHLS 2008 and 2011 and estimation	Potential needs: 4,270 Affordable needs: 1,602
Song and Zhu (2012)	UN 2011–2050 data	1,293.3
Peng (2009)	Estimation from literature	15,554.2

A number of Chinese researchers have discussed the role that different types of financial assistance can play in meeting the needs of older disabled adults. As early as 2001, Zeng (2001) proposed to establish pension insurance in rural areas. Besides pension insurance, given the positive relationship between economic status and preference for LTC services, allowances are seen as vital for older people with severe disabilities and financial difficulties (Wu et al., 2011; Peng et al., 2017). Further, Hu et al. (2016) argued that universal social security was essential to secure adequate income for disabled older people. By examining LTC costs at the macro and micro levels, a strong consensus has formed that establishing LTC insurance is the imperative, essential, and rational choice for China to address population ageing (Dang, 2009; Lin, 2009; Zhang and Feng, 2013; Zhao and Han, 2015; Han et al., 2016). However, there are different strategies and approaches to financing LTC that can be considered, such as through social assistance, social insurance, or private insurance solely or jointly (Tang, 2005; Zhu and Jia, 2009; Ma and Xu, 2012; Ding, 2013; Zhejiang Research Team, 2013; Cao and Chen, 2014; He, 2014; Jing and Li, 2014; Lv and Han, 2014; Zhao and Han, 2015; Hu et al., 2016; Huang and Lu, 2016; Tang, 2017; Zhou, 2017). Given the Chinese characteristics, Jing and Xie (2014) propose a roadmap to establish LTC insurance in three phases: first, private insurance, followed by social insurance supplemented by private insurance, and then implementing compulsory universal social insurance.

The state has significantly improved financial support for LTC by constant reform on the existing social security system as it presents an effective method of increasing the ability to pay for older people. From the perspective of income, China MOCA (2016b) values social insurance, social assistance, and allowances as the three pillars of social security for older

people, and security income accounts for the majority of income sources among older people. From the perspective of expenditure, about 80% of health resources are consumed by 18% of older people (Jing, 2007), and out-of-pocket health expenditure can account for more than 12.8% of total spending and about 20% of income for older people (Chen, 2009; China NCA, 2016). Table 4 outlines key policy changes in social security that are related to the methods of funding LTC, and reforms are characterised by an increasing level of benefits (*Ti dian*), expanding coverage (*Kuo mian*), and urban–rural integration.

Table 4 Social security reforms in relation to older people in China

Social security program		Urban area (Year: program)	Rural area	Integration
Social insurance	Pension Insurance	1997: Urban Employment-based Pension Insurance	-	-
		2011: Urban Residency-based Pension Insurance	2009: Rural Resident Pension Insurance	2014: Urban–rural Residency-based Pension Insurance
	Health Insurance	1998: Urban Employment-based Health Insurance	-	-
		2011: Urban Residency-based Health Insurance	2002: Rural Cooperative Health Insurance 2009: Rural Residency-based Health Insurance	2016: Urban–rural Residency-based Health Insurance
	Long-term Care Insurance	2016: policy experimentation in 15 local areas	Covered by some local areas	-
Social welfare	MLSS	1997: Urban Minimum Living Security Scheme	2007: Rural Minimum Living Security Scheme	2014: Interim Measures for Social Assistance
	Basic Living Maintenance	1997: incorporated into MLSS (Gao, 2017)	2006: The Regulations on the Work of Providing Five Guarantees in Rural Areas	
	Medical Assistance	2005: Urban residency-based medical assistance	2003: Rural residency-based medical assistance	
	Allowances	2013: Three primary allowances for people aged 80+, for social care services, and for LTC services		

Source: According to the policies published on the website by government departments.

Increasing the pension level constitutes the main achievements of social security reform, and pension insurance has achieved universal coverage since 2012 (Yang, 2014). In China, pension, family transfer, and labour income constitute the three main income sources for older people (Du and Wu, 2004; Jiang and Zheng, 2013) and more than 50–70% of residents over 60 live on a state pension (Ding, 2013; Du et al., 2016). The percentage of pension in total income has been rising by 22% compared with 2010 (Du et al., 2015). Then, the coverage of pension insurance reached over 85% in 2016, benefiting 850 million citizens (Du et al., 2015). Also, the

pension level increased from around 700 CNY/month to 2,200 CNY/month in 2015 after constantly rising for ten consecutive years (Yang, 2016). A stable increase in public expenditure on subsidising pensions suggests the positive correlation between the increased subsidy for pension insurance funds and the growth in pensions. As shown in Table 5, the figure of public transfer to subsidise the pension fund has been rising from 264.8 million CNY in 2012 to more than 650 million CNY in 2016 and annual growth has soared from 14% in 2013 to 38% in 2016.

Table 5 Subsidies for the pension insurance fund in China 2012–2016

Year	Amount (billion CNY)	Annual growth rate (%)
2012	264.8	-
2013	301.9	14%
2014	354.8	18%
2015	471.6	33%
2016	651.1	38%

Source: <http://www.mohrss.gov.cn/>.

Also, health insurance achieved urban–rural integration by 2016 and expanded the coverage of payment. Health insurance coverage rate reached 96.5% and over 98.6% among older people, benefiting 1.3 billion people, and the coverage rate and payment level increased from 20% to 50% by 2015 (the State Council, 2017). Furthermore, health insurance has started to include some LTC services in local policy experimentation. For example, Zhejiang Province launched a pilot to include LTC costs incurred in care institutions in health insurance payments, which largely alleviated the financial burden for disabled older people. Similarly, in 2016, Shanghai started a pilot on a Health Security Plan for People over 70 Years as part of the health insurance scheme in order to finance LTC costs. Moreover, a historical reform in social security was a nationwide LTC insurance pilot launched by China HRSS in 2016, which aimed at exploring the social insurance model with multiple fundraising methods to ensure basic LTC needs were being met. A total of 15 local areas were selected as pilot areas, some of which were the pioneers who started policy experimentation years earlier. So far, all pilot areas have published substantive implementation policies, involving 38 million applicants in total. Over 300 million CNY has been paid for nearly half a million applicants (Insurance Association of China, 2017).

Social welfare has been more inclusive and started playing a greater role in social security (Shang and Wu, 2004; Zheng, 2015). In 2016, MLSS covered more than 60.69 million citizens with a public expenditure of 170.24 billion CNY, and about 4.7% and 8.74% of older people, in urban and rural areas respectively, are MLSS recipients (Du et al., 2016), accounting for 13–17% of the MLSS population since 2007. As the first cash benefit policy at the central level, the provision of three primary allowances (*Sanxiang butie*) has made important strides since 2012 (Dong, 2014). In 2008, China NCA suggested that local areas with strong financial capacity could set up special funds to finance home care. Then, China MOF, China MOCA and NCA jointly introduced a policy dedicated to providing cash benefits for older people in 2014. Enforced by the State Council in 2015, the provision of three primary allowances for older people has become a compulsory responsibility of local governments, and the usage of

allowances has been expanded to provide payment for services. By 2018, three primary allowances for older people have been provided by more than 29 out of 31 provinces (municipalities and autonomous areas), covering 30.95 million older persons in total,² and corresponding public expenditure has reached 520 million CNY since 2011 (Dong, 2015).

2.4.2 Delivering LTC services

LTC services have attracted attention from the research community in China since the turn of the 21st century (Su et al., 2015), promoting different approaches to LTC service delivery. A strong will of embracing the market and involving LTC in economic development has been observed (Cao and Wang, 2013; Dang, 2015; Luo, 2014; Zeng, 2001). Regarding forms of service delivery, based on a case study in Hangzhou City, Ni et al. (2010) propose an improved LTC service system that is based on the community care system and promotes health–social care integration (integration) in the community setting. Differently, Gui (2004) advocates for focusing on home care, increasing the proportion of LTC beds in care institutions and promoting integration. Developing home care is also supported by other research findings (Zeng, 2001; Xie et al., 2015; Peng et al., 2017). Cognitive disabilities among older people have not received enough attention; however, developing LTC for people with dementia is starting to be discussed (Li et al., 2015; Peng and Wu, 2016).

With disabled older adults included as targets of basic public service (Cao and MOR, 2017), LTC receives positive policy responses both from the central and the local governments. To increase the overall service capacity, national policies show strong support for private investment and the marketisation of care services. China MOCA believes that developing a care industry³ is the most sustainable way to address the ageing issue (Zou, 2015). Following this logic, a range of national policies was introduced to boost the care industry in 2013–2014, concerning land use for infrastructure, tax and administrative fee exemption, and subsidy. More deeply, the State Council, China DRC, and China MOCA, independently or jointly, implemented five policies in 2015, covering the issue of stocks and bonds and enhancing financial support for private investment. Then, a nationwide marketisation of services for older people was initiated in 2016 by the State Council, aiming for a market-oriented care service provision by 2020.

Regarding the care system for older people, the Chinese government introduced a new strategy known as ‘9073/9064’ as the guidance, specifying the proportion of home care, community care and institutional care that was needed. Based on the overall service system, the integration, in aiming to ensure the basic health needs of older people would be met, has made significant progress since 2013 when Policy No. 35 advocated for the integration of care institutions and health institutions. In 2016, China MOCA and China NHC jointly launched a pilot in 90 local areas. Integration takes various forms, including embedding the health care in care institutions or vice versa; expanding the responsibility of the primary health care service centres; promoting cooperation between care institutions and hospitals; and

² <http://www.mca.gov.cn/article/gk/jytabliggk/rddbgy/201811/20181100013039.shtml>.

³ In China, industry and marketization mean exposure to market forces.

expanding health insurance payments for LTC. Therefore, it is clear that LTC, which has not become an independent sector, is delivered through the social care system and integration.

National policies that specifically target LTC concentrate on institutions. They encourage increasing the number of LTC beds in care institutions and hospitals. Thus, the quantity or proportion of LTC beds has been a key indicator in the 13th Five-year Planning of the MOCA system. Meanwhile, public investments and subsidies for LTC bed construction, as well as business operation, are used as policy instruments to encourage LTC provision. For example, local areas generally provide a higher level (over 20%) of subsidies for LTC bed construction. Then, following the core concern of ageing policy being moved to home care, the function of care institutions is re-defined as LTC service delivery rather than social care delivery, as has been the case in the past. This transformation constitutes the main objective of reform on stated-owned care institutions, as emphasised in the 13th Five-year Planning.

To increase the skilled workforce and also improve service quality, national policies seek to speed up the process of professionalising the workforce. Following long-run plans made by China MOCA, China HRSS, and the Ministry of Education, Beijing started a policy pilot to advance professional training for home-care workers in 2015 and Shanghai made the Special 13th Five-year Planning on enhancing the service workforce for older people. Further, government procurement and subsidy schemes are employed to support training institutions, providing free or low-charge training for care workers since 2015. For instance, *Luohe* City of Henan Province allocates more than 200,000 CNY in their annual budget for this purpose. Beijing provides a 1,500 CNY/person subsidy for trainees who receive the qualification certificate, and Shanghai's subsidy ranges from 1,425 to 2,955 CNY /person depending on the type of certificate.

2.5 Problems in long-term care provision

The Chinese government has viewed population ageing as a national challenge and made a series of policy responses, including fundamental reforms. However, a social safety net addressing LTC has so far been a long way from being established (Dai, 2016). Some well-established problems remain unsolved and new problems have arisen with these policy responses. Accessible and affordable LTC remains the most urgent mission for service development (Wang, 2012; China MOCA, 2016b), and increased government responsibility would be required to solve these problems in LTC provision.

2.5.1 Accessible LTC

LTC service provision is well behind older people's needs, both in terms of aggregate quantity and structural balance (China MOCA, 2016b), despite a distinct preference of national policies for increasing service provision over increasing demands (Wu and Liu, 2016). Insufficient LTC provision occurs in all three settings. China NCA survey data shows that 16% of disabled older people are willing to live in care institutions, which creates a high demand for at least 5.5 million institutional beds with LTC services, while MOCA (2016a) data indicates that only 20% of a total of 7 million care institution beds are attributed to LTC services. This figure is only 10% in private-invested institutions (China NCA, 2014). Furthermore, more than 70% of residents in care institutions are healthy senior citizens while disabled older people are excluded from service provision by over two-thirds of urban care institutions (Jing and Li,

2013). In rural areas, this figure can be 100% given funding and service workforce considerations. As for home care, about 59% of disabled older adults (more than 7 million) experienced under-met or unmet LTC needs (Cao, 2017).

Inadequate care for dementia sufferers is an underestimated problem. The WHO believes that the fastest growth in dementia occurs in China; however, as mentioned above, cognitive disabilities have not been universally considered. Furthermore, only about 21% of older people with dementia are diagnosed and about 49% of the 21% diagnosed with dementia are considered 'normal' without requiring LTC services (Tang and Feng, 2015). Besides, national policies largely overlook informal care despite the traditional *Xiao* (Filial Piety) and its economic advantages. The family provides two sources of care: financial support and caregiving (Zeng, 2012; Du et al., 2016). Over 80% of children finance their parents and family transfer constitutes one primary income source for older people (Du and Wu, 2004; Jiang and Zheng, 2013; Xie et al., 2015; Du et al., 2016). Moreover, more than 55% of LTC costs are covered by their children (Insurance Association of China, 2017). Then, disabled older people are cared for mainly by family members (Jing and Li, 2014; Jiang et al., 2015; Su et al., 2015; Huang, 2016; Peng et al., 2017), and being cared for at home and by their family members is overwhelmingly preferred by older people (Du et al., 2016). However, the ability of the family to look after disabled older family members has been challenged in China due to the trend of downsizing the size of the family, empty-nest families, and families consisting of only older persons (Zhu and Jia, 2009; Zhu and Guo, 2010; Li and Li, 2014; Wang and Zeng, 2015; Peng and Wu, 2016; Peng et al., 2017). Despite advocacy by the central government, no substantial policy progress on family support has been achieved except for in a handful of cities.

A persistent shortage in skilled workforce further proves insufficient for service provision and there is no sign of fundamental change any time soon. It is estimated that at least 10 million professional service employees are demanded to care for 40 million disabled older people. This demand has been compromised down to a moderate goal in China MOCA's 'Long-run Plan on Skilled Workforce in Social Welfare (2010–2020)', that is, 6 million by 2020. However, only about 400,000 service personnel worked in care institutions in 2015, and only a mere 34% of them received a qualification certificate. Furthermore, only about 60 higher education institutions offer courses related to population ageing, and the average number of students in 45 institutions is only 80.8 (Yang, 2016), indicating a bleak hope for rapid change.

2.5.2 Affordable LTC

The ability to pay is the critical factor for LTC from any source and in any setting. In 2010, China was classified as an upper-middle-income country with per capita of 4,260 USD. However, the low level of income among older people is recognised by the United Nations (2016, p. 6): a high ratio of poverty among older people⁴ and a low level of welfare benefit constitute the overall situation of security for older people in China. The 4th China NCA survey in 2016 tells the same story, that there is still a large amount of older people in poverty or low-income situations. Also, China MOCA (2016b) acknowledged that older people, on the whole, remain those with the lowest ability to pay for services. Unaffordable costs also apply to middle-income families, who rely on the market (Chen, 2009; Zhu and Jia, 2009; Peng et

⁴ China is 50% compared with the regional average level of 12%.

al., 2016). For instance, informal care is agreed as the most economical way to deliver LTC. However, given both the direct and opportunity costs for the caregiver, LTC costs account for over 45% of family income. Furthermore, compared with 2000, the LTC burden for the working-age population will be 3.0–4.1 times greater in 2030 and 6.8–12.6 times greater in 2050 (Zeng et al., 2012).

The low ability to pay among older people is determined by the sources of income, namely, security income and welfare benefits. In China, security income represents the major income source for older people (Du and Wu, 2004; Jiang and Zheng, 2013; Xie et al., 2015). Even in Shanghai, security income represents over 80% of total income for urban retirees and nearly 70% for rural residents (Shanghai RCA, 2016). However, the average pension replacement rate is less than 50% in China (Yang, 2014), which is far lower than that in other ageing societies, such as OECD countries at 63% in 2017 (OECD, 2017). As for welfare benefits, the limited coverage and low-level benefits that make up three primary allowances hardly reduce the burden for disabled older people. By 2016, the coverage rate of the three primary allowances in total was only 12%. Approximately 13.64% of people over the age of 80 received the allowance designed for them. The highest coverage rate was found in Guizhou Province at 59.38%, followed by Shanghai, Jiangsu and Henan Province at over 50%, and less than 10% in Guangdong and Zhejiang and the western provinces. The other two types of allowances cover only 0.45% (for services) and 1.03% (for LTC) of the ageing population.

Therefore, an absolute gap between income and service costs for older people is inevitable. About 90% of older people, who mainly depend on the old-age pension, can only afford 60–70% of service costs (Yang and Wu, 2015). As far as LTC is concerned, costs for formal LTC can be beyond the ability to pay for some families (Su et al., 2015). The gap between the pension level and LTC costs is universal in China, ranging from 25–100% (Tang, 2014; Yang, 2016). For instance, LTC costs for older people with severe disabilities range from 2,800–3,500 CNY/month on average in most areas and about 4,500 CNY/month in Beijing and Shanghai (Tang and Feng, 2015, p. 72), which are far more than the average pension level. For those over the age of 80, LTC costs account for over 80% of disposable income for more than 50% of them (Insurance Association of China, 2017).

It's worth noting that the low ability of older people to pay has exacerbated the insufficient LTC service provision as it hinders the transformation of LTC needs into the affordable needs of older people (Chen, 2006; Cao and MOR, 2017; Peng et al., 2017). It is evidenced by the emerging huge gap between the estimated LTC needs and the actual size of the service market. The value of the potential needs for LTC and the affordable needs is estimated to reach 309 billion CNY and 117.2 billion CNY respectively in 2014 (Hu et al., 2015). However, the actual market size is much lower than any of the above estimates. China NCA (2016) attributes this substantial discrepancy to insufficient affordable needs among older people. Furthermore, two situations correlate with each other and form an unsolved cycle, resulting in a universal difficulty in business operation suffered by the service providers. For example, most disabled older people cannot afford institutional care and thus bed occupancy in care institutions keeps declining, dropping down from 79% in 2009, to 52% in 2014, to just over 50% in 2015 (Yang, 2016). As a result, more than 30% of care institutions are experiencing a business loss (China MOCA, 2016a).

2.5.3 Government responsibility

The literature on LTC shows that government responsibility for LTC provision has been persistently emphasised, including legislation, regulation, service delivery and funding (Mu and Zhang, 2011; Cao and Wang, 2013; Luo, 2014; Dai, 2016; Hu et al., 2016; Peng and Wu, 2016). In China, the LTC provision has been defined as a ‘social safety net’, indicating primary government responsibility. Also, increased government responsibility in a balanced government–market relationship is required by Moderate Universalism. The liberal market is a threat to universalism (Martínez and Diego, 2016), and relying on the liberal market and shrinking family care to provide LTC is unworkable in China (Yang, 2016). The problems of accessible and affordable LTC identified above can find their causes in the absence of government responsibility (Shang and Wu, 2004; Fisher et al., 2011; Huang, 2016). Even in most OECD countries, LTC provision is overwhelmingly funded by public finance (Colombo et al., 2011). However, perceptions of government responsibility for LTC provision vary (Colombo et al., 2011). In China, ‘ageing before getting developed’ is commonly referred to as the dominant perception when arguing about insufficient welfare spending on the ageing population (Feng and Yang, 2011; Mu and Zhang, 2011; Dang, 2015). On the contrary, by examining fiscal capacity for public transfer in China, Wei and He (2012) conclude that it is affordable and feasible to establish LTC insurance. Further, Wu (2014) argues that institutional arrangements play a more important role than fiscal capability in public service provision.

With different perceptions of government responsibility, policy responses across levels and regions vary widely. Debates on the LTC insurance approach are a case in point. Although low ability to pay and insufficient LTC provision provide enough momentum for building up LTC insurance, differences and contradictions among governmental departments exist, focusing on the costs of the LTC insurance approach. At the central level, China witnessed a significant return from promoting private insurance to supporting state-led social insurance. In 2006, CPC and the State Council proposed to explore LTC insurance as a social service institution. Then, China MOCA started to promote the LTC service system and advocate to explore a state-led LTC insurance in 2010.⁵ However, the 12th Five-year Planning and Policy No. 35 took the approach to encourage more private LTC insurance products. The critical return occurred in 2015 when the State Council proposed to explore a multiple fundraising approach after years of advocacy for private insurance. Then, a national pilot was launched in 2016, and now health insurance funds play a significant role in almost all pilot areas. Although CPC, the State Council and China MOCA strive to promote the LTC insurance initiative, violent opposition from the inside is evident. For example, China NCA (2016) claimed that it is unrealistic to build up LTC insurance in China because of ‘the huge volume’ of costs.⁶ This is a commonly shared concern among China MOF and HRSS.⁷ At the local level, regardless of central instructions, policy responses of local governments vary considerably, which is not consistent with their LTC needs or fiscal capacity. An example of this is the different coverage rates of three primary

⁵ At a national conference (*Quanguo Shehui Yanglao Fuwu Tixi Jianshe Tuijinhui*) in 2010.

⁶ The Secretary of the party committee of China NCA’s Speech at a conference held by the Development Research Centre of the State Council.

⁷ From China MOCA officials.

allowances across localities. As a less-developed western area, Guizhou Province achieves the highest coverage rate of the allowance for older people over 80, while Zhejiang, Jiangsu, and Guangdong Provinces, which are the most prosperous areas in China, are far behind it.

2.6 Long-term care in Beijing and Shanghai

In China, Beijing and Shanghai are well-matched regions in multiple aspects, such as their strategic position, the most developed economies and thus strong fiscal capacity, the most ageing areas, and a well-developed ageing policy system. Furthermore, their exploration in social policy sets good examples for the rest of China and also provides valuable experience for policymaking at the national level. However, they significantly depart from each other in the implementation of the national policies of LTC provision.

2.6.1 Parallel and leading position in China

Beijing and Shanghai both share the leading position in China. Since PRC was founded in 1949, they have been the municipalities directly under the central government. With economic growth in the south after 1978, Guangzhou and Shenzhen cities of Guangdong Province joined the club of the most developed areas, constituting the ‘first-tier cities’. Despite these changes, in terms of comprehensive strengths and influences, the status of Beijing and Shanghai ranking first in China as a pair remains impregnable in the short term. Then, the two cities have developed economies and thus have greater fiscal capacity than most other parts of China. In 2016, there were six local areas with public revenue exceeding 500 billion CNY, of which Beijing and Shanghai accounted for 7.16% and 7.95% of the total government revenue, respectively, compared to the highest two at 11.94% and 9.33% at the provincial or municipal level. Table 6 shows the economic and financial situation measured by six key indicators. Differences exist between the two municipalities; however, the data in 2016 indicates that their levels of economic and societal development have greater parallels.

Table 6 Economic and societal development in Beijing and Shanghai 2016

Indicators	Beijing	Shanghai
GDP (billion CNY)	2,489.9	2,746.62
Primary/second/tertiary industry	0.6:19.7:79.7	0.4:29.1:70.5
GDP/residents (CNY)	115,000	113,600
Public revenue (billion CNY)	508.13	640.61
Public expenditure (billion CNY)	640.67	691.89
Per capita disposable income (CNY/Year)	52,530	54,305

Source: Beijing Municipality 2016 National Economy and Societal Development Statistics Report; Shanghai Municipality 2016 National Economy and Societal Development Statistics Report.

Beijing and Shanghai confront the severe challenge of population ageing with a steady increase in the ageing population and disabilities. Although the ageing population size in Beijing is smaller than that of Shanghai, Beijing has a higher disability rate than Shanghai, and the situation has remained the same since 2010. Both cities have the highest ageing societies

among the 31 provinces and municipalities in China. Early in 2010, there was a total of six cities with a population of more than 10 million, among which the proportion of the aged population in Beijing and Shanghai was the top two, standing at 22.6% and 28.8% respectively (Xue, 2014). Beijing evolved into an ageing society in 1990 (Chen et al., 2005). People aged over 60 increased by 29% in 2010–2015 and the aged population reached 3.29 million in 2016 (Beijing MOCA, 2017). Accordingly, as Table 7 shows, the age dependency ratio increased by 12% in 6 years. Meanwhile, ‘the oldest old’ (aged 80+) increased from 0.35 million in 2010 to 0.6 million in 2016, representing more than 18% of older people.

Table 7 Population ageing in Beijing 2010–2016

Indicators	2010	2014	2015	2016
Older population (60+, million, %)	2.35, 18.7	2.97, 22.3	3.13, 23.4	3.29, 24.1
Old-age dependency ratio (60+, %)	26	33.3	35.7	38.1
Older people (80+, million)	0.35	0.52	0.56	0.60
Percentage of the aged (%)	15	17.5	17.9	18.1

Source: Beijing Municipality Report on Ageing Population and related Undertaking Development 2010, 2014–2016.

Shanghai has been an ageing society since 2000 with 15% of the population aged 60+. With life expectancy increasing from 78.77 years in 2000 to 83.18 years in 2016, the proportion of older people doubled, reaching 31.6% with 4.58 million by 2016. Accordingly, the age dependency ratio in 2016 also more than doubled to that in 2000 at 25.7%. The most striking aspect of population ageing in Shanghai is the sharp rise in older people aged over 80. Table 8 shows that during 2010–2016, the aged population over 80 more than doubled from 0.60 million to 1.29 million, accounting for more than 28% of the older population.

Table 8 Population ageing in Shanghai 2010–2016

Indicators	2010	2014	2015	2016
Older population (60+; million, %)	3.47, 15.1	4.14, 28.8	4.36, 30.2	4.58, 31.6
Old-age dependency ratio (60+; %)	33.7	46.6	50.2	54.1
Older people (80+; million)	0.60	1.19	1.25	1.29
Percentage of the aged (%)	16.9	28.6	28.5	28.1

Source: Shanghai Municipality Report on Ageing-related Undertaking Development 2010, 2014–2016

Both cities experience an increasing prevalence of disability among older people; however, the disability rate in Beijing is higher than that in Shanghai by 3.4%. This conclusion conforms to the research finding mentioned above that the disability rate in northern China is higher than that in the south. A significant rise in older people with a certain degree of disability occurred in Beijing over the past 15 years. In 2005, the disability rate (only counting moderate and severe disabilities) reached 9.9% (Huang, 2005). In 2016, China NCA data shows that in

Beijing, the number of older people with ADL and cognitive disabilities has reached more than 600,000,⁸ accounting for over 18% of older adults. Similarly, in Shanghai, with the significant rise in older people in advanced age, the percentage of disabled older people increased to 14.6% in 2017, accounting for 636,500 older adults (Shanghai RCA, 2017). Based on the China NCA 2010 survey data, the disability rate is projected to keep rising to over 25% by 2050 and older people with disability are expected to number 1,689,400 (Duan, 2015).⁹

Both cities are pioneers of ageing policy in China. Research supports a strong link between economic development and ageing welfare development by measuring four key indicators: income level and health, social participation, entertainment space and rights protection, and care institutions (Xue, 2014). Numerous studies have evidenced that Beijing and Shanghai precede the other areas in ageing policy system development. For instance, Shanghai, Beijing, and Tianjin are the three most-developed cities by a comprehensive assessment in ageing welfare development, and Beijing and Shanghai are the top two cities within a 4-level classification system (Xue, 2014). Similarly, the Ageing Policy Progress Index (Wang et al., 2016) shows that Beijing and Shanghai perform better than the other localities in terms of policymaking, service provision, and public expenditure. Their leading positions as the top two remain unchangeable since the last two Index publications for 2012–2014 and 2016.

Specifically, Beijing and Shanghai have both made quantum leaps in the ageing policy system and have set a model for the other parts of China. Beijing passed the first regulation specialising in home care (Beijing Regulation). This move is viewed as a milestone in the development of the care system in China (Beijing MOCA, 2015; Luo, 2015), and has been followed by other cities and provinces. To implement the Beijing Regulation, Beijing provided large amounts of public funds, including 200 million CNY for constructing 200 community care centres and a 60-million CNY budget for a large-scale survey in 2016, aiming to obtain first-hand data of service facilities for older people. As the pioneer, Shanghai presented a ‘9073’ strategy in 2005, beginning to build a service system for all older people. Then all local areas followed by setting up a similar strategy. Furthermore, in 2014, Shanghai started to build up the ‘five-into-one system’ composed of the service delivery system, the social security system, the policy supporting system, the need assessment system and the service inspection system. This move was highly praised as the key to exploring institutional reform (Liberation Daily, 2014) since the central government didn’t advocate for enhancing the institutional design until 2016. Furthermore, China MOCA valued Shanghai experiences in home care as an ideal model and organised an experience-sharing event attended by all (deputy) directors of the social welfare departments of each of the localities.¹⁰

2.6.2 Different methods of long-term care provision

The literature on ageing policies in Beijing concentrates on service delivery in the institutional, community, and home settings, and in particular in community and home settings, and the corresponding problems (Zhang et al., 2012; Jiang and Zheng, 2014; Zhang, 2014; Li et al., 2015; Tan, 2015; Xiao et al., 2015; Zang, 2015; Zhu et al., 2015); while in Shanghai, research

⁸ <http://world.people.com.cn/n/2015/0529/c190973-27076615.html>.

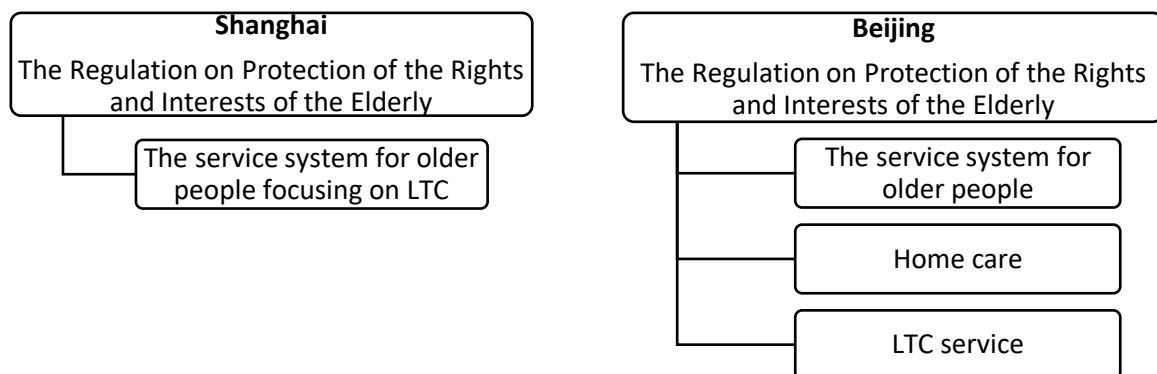
⁹ According to the 6th National Population Census in 2010, the disability rates in Beijing and Shanghai were 4.43% and 3.73%, respectively (Li et al., 2015). These two data only consider severe disabilities.

¹⁰ The researcher participated in the whole process when working in China MOCA.

on institutional design and LTC insurance has been well developed (Tang, 2005; Wu and Xu, 2007; Gui, 2011; Song, 2014; Wang, 2011; Yang and Li, 2014; Zhou, 2014; Lu and Chen, 2016; MOCA Research Group, 2016). The significant differences in the literature mirror their prominent differences in the ageing policy system. Comparisons from the following four aspects show that LTC provision in Shanghai is more valued, inclusive and generous than that of Beijing.

Firstly, different guiding policies position LTC provision at different levels within the ageing policy system in Beijing and Shanghai. In Beijing, Beijing Regulation has been the top guideline for ageing policymaking since 2015. According to Beijing MOCA's 13th Five-year Planning, more supportive policies are projected to implement Beijing Regulation in the following 5 years. In Shanghai, as the 13th Five-year Planning states, ageing policymaking is guided by the Shanghai Municipal Regulation on Protection of the Rights and Interests of the Elderly. Therefore, the priority given to LTC provision varies in the two sites, as shown in Figure 1. Beijing Regulation states that its objective is to improve life quality for older people by meeting home care needs in a diversified way. With such narrow guidance, LTC provision is incorporated in home care and the integration agenda, standing at the fourth level of the ageing policy system. Differently, Shanghai Regulation sets out to protect four primary rights for older people, including receiving material assistance from the state and society, entitlement to social services and preferential treatment, and participation in social development, and sharing development bonuses. As the most critical issue in coping with ageing, LTC provision is located in the first level within the rights protection framework.

Figure 1 The position of LTC in the ageing policy system



Source: According to the policies published on the website by government departments.

Secondly, Beijing highlights special groups of people and tends to narrow down the coverage of LTC provided as Basic Public Services (BPS), while Shanghai has made the entire ageing population the targeted population of LTC as BPS. Their intentions have been operationalised by providing disabled older people with different priorities to meet their needs and employing different tools to assess LTC needs. According to the 'Instructions on Enhancing Security for Four Sorts of Senior Citizens (Categorisation Policy)' issued by Beijing CA in 2016, older people are assessed and categorised by a comprehensive consideration of economic, physical and psychological situations, family structure, and social status. As a result, four sorts of older people associated with different priorities in meeting their basic service needs are defined,

among whom special groups enduring economic difficulties are the top priority while the disabled are categorised as the third priority. Differently, Shanghai adopts a dichotomous approach to classify older people: the targeted population for BPS and the others. For the former type, the only criterion is the scale of disability identified by a unified need assessment. Moreover, Shanghai published the Basic Public Services Catalogue in 2017, stating that all permanent residents over 60 are eligible for services as BPS, including LTC, and two types of welfare benefits.¹¹

By employing different assessment tools, the coverage of entitlement to LTC as BPS varies significantly in Beijing and Shanghai. Where entitlement to benefits is concerned, the method to define entitlement is critical. For instance, some OECD countries increased targeting to save public expenditure (OECD, 2004). Beijing MOCA's tool assesses ADL, mental status, sensory and communication and social involvement to determine the scale of disability as mild, moderate or severe. Shanghai's tool combines independence dimension measured by ADL, IADL and cognition, and the diseases dimension measured by the situation of ten chronic diseases with high prevalence among older people. The assessment of 13 ADLs, two IADLs, four cognitive abilities, combined with a test on chronic diseases decides the degree of disability from normal, LTC I to LTC VI. By comparison, Beijing's tool is rough and focuses on ADL while Shanghai's tool is comprehensive and precise. As a result, the coverage of eligibility to LTC benefits in 2016 was at 15% in Shanghai, with Beijing at 4.78%, which is prominently in contrast to a series of national surveys and research mentioned in subsection 2.3.2, and with substantial variation.

Thirdly, although both provide allowances for older people, as seen in Table 9, they show substantive differences in terms of eligibility, coverage, level of benefits, usages, and funding sources. In total, the coverage of three primary allowances in 2016 in Shanghai reached over 69% compared with Beijing at 19%. Even compared with underdeveloped provinces, Beijing's coverage rate is small, for example, the eligible age is over 70 in the Ningxia autonomy region and over 80 in Guizhou and Yunnan provinces. Also, the levels of benefits are higher in Shanghai than those in Beijing. Furthermore, Shanghai reformed its allowance policy in 2016 by integrating multiple types of allowances and preferential treatments into an 'Integrated Allowance' for residents over 65, which was embraced by society for its effect on improving welfare equality and other positive side effects (Chen, 2016; Shen, 2016).

Table 9 Allowances for older people in Beijing and Shanghai

Allowances	Beijing	Shanghai
Allowance for people aged 80+	2008	2008/Replaced by 'Integrated allowance' in 2016
Coverage (age, quantity)	90+, 40,749	65+, 3.034 million
Level of benefit	100–200 CNY/month	75–600 CNY/month
Usages	No regulation	No regulation
Funding sources	Public funds	Public funds
Allowance for social care services	2010	2015
Coverage (age, quantity)	80+, 580,000	60+, 128,000 with financial difficulty

¹¹ See <http://www.shdrc.gov.cn/xxgk/cxxxgk/32790.htm>.

Level of benefit	100 CNY/month (coupon)	270–1200 CNY/month ¹²
Usages	Home-care services only	Home-care services only
Funding sources	Public funds	Public funds
Allowance for LTC services	2009	Replaced by the Health and LTC Plan for Senior Older People in 2016 and then LTCI in 2018
Coverage (age, quantity)	60+, included in 580,000; including 60–79 severely disabled people, and older people aged over 80	
Level of benefit	100 CNY/month	
Usages	LTC services	
Funding sources	Welfare Lottery Fund, Employment Security Fund for Disabled, public funds at district level	

Source: China MOCA Briefing on the three primary allowances (2016).

Beijing Municipality Report on Ageing-related Undertaking and Service Development (2016–2017).

Shanghai Municipality Report on Ageing-related Undertaking Development (2016).

Fourthly, responding to the central directive on the LTC social insurance (LTCI) pilot, the two cities adopt significantly different approaches verified by the 13th Five-year Planning. The ‘Beijing Municipality – the 13th Five-year Planning on Social Welfare Development’ states the intention to establish a policy-oriented private LTC insurance based on the pilot by 2020, while the ‘Shanghai Municipality – the 13th Five-year Planning on Social Welfare Reform and Development’ determines to build up LTC social insurance by expanding the ‘Health and LTC Plan for Senior Older People’, which is the first trial of LTC insurance. Specifically, there are three fundamental differences in the LTCI approach between the two sites, including the funding sources, the premium rate, and services.

The basic difference lies in the funding sources of LTCI. The fundraising mechanism has been ‘the top of policy priorities towards LTC’ (Colombo et al., 2011, p. 38), determining the nature and development of LTC insurance (Tan, 2017). The critical role of public finance¹³ in the LTC fundraising mechanism is commonly supported in China (Cao and Chen, 2014; Yang, 2016; Zhu and Zhu, 2016). However, as to how public finance plays its part, there are different approaches taken by countries around the world as well as in China, where the pilot has identified eight models of LTCI with different funding sources and services (Tan, 2017; Yang, 2017). The Shanghai model represents typical social insurance like other types of social insurance, that is, premiums contributed by employees and employers, and the deficit is financed by health insurance funds and public funds. Differently, in the first pilot in the Haidian District, the Beijing model relies on charges from LTC service providers and funding related to disabled older people from three government departments. In the second pilot in the Shijingshan District, Beijing relies on health insurance funds and subsidy. Both funding mechanisms indicate that Beijing has not finalised its stable funding source for LTCI.

¹² Older people are eligible for 50%, 80%, or 100% of standard allowance according to their economic conditions; in 2015, service hours are 30, 40, and 50 for 3 scales of disabilities; service cost is 18 CNY/hour for mild and moderate disabled and 20 CNY/hour for severe disabled. So, the minimal level of allowance is $18 \times 30 \times 50\% = 270$ CNY/Month, and the max. level is $20 \times 50 \times 100\% = 1200$ CNY/Month.

¹³ The main source of public financing is general taxation and social insurance (OECD, 2004).

The premium rate in Shanghai is much lower than Beijing. Beijing adopts a fixed-rate premium in terms of ages and the type of health insurances in which applicants participate, and the lowest rate for urban residents aged 18–39 years is 76 CNY/month. In Shanghai, the premium rate is 0.1% of the applicant’s health insurance premium base, which is equal to the applicant’s pre-tax salary. In 2016, the average pre-tax salary was 78,045 CNY/year in Shanghai and thus the average premium base was 6,500 CNY/month. The premium, therefore, was 6.5 CNY/month. Regarding service coverage, Shanghai is more generous than Beijing. Beijing policy mainly covers home-based LTC and institutional LTC is only eligible for solitary older people or those without family. Shanghai policy covers institutional and home-based LTC services as well. From seven aspects, Table 10 summarises the significant differences in the LTCI pilot between Beijing and Shanghai.

Table 10 LTC insurance policy in Beijing and Shanghai

LTC policy	Beijing ¹⁴	Shanghai
Title	Home-based Long-term Care Cooperative Insurance	Long-term Care Insurance
Contributors	Applicants, LTC service providers, and local government departments (Beijing MOCA, DPF ¹⁵ , HC)	Applicants, employers
Years of contribution	At least 15 years (same with other types of social insurance)	
Eligible age	65+	60+
Premium rate	Fixed from 66–91.2 CNY/month, according to age and health insurance type	People participating in employment-based health insurance: individual – 0.1% of health insurance premium base; employer – 1% of health insurance premium base in total. People participating in residency-based health insurance: individual – 15% of total premium; public funds – 85% of total premium.
Covered services	Mainly home-based LTC services	Institutional and home-based LTC services
Levels of payment	900–1,900 CNY/month	85–90% paid by LTC insurance 10–15% paid by individuals

Sources: According to policies published on the website by government departments.

Fifthly, both cities improve LTC service delivery in the three settings: increasing institutional LTC beds, developing care centres (Beijing)/care homes (Shanghai) in the community, and increasing family care beds (*Jiating bingchuang*). However, their LTC service delivery varies significantly in three key areas summarised in Table 11. Beijing emphasises the critical role of state-funded care institutions in LTC service delivery, while Shanghai intends to involve all types of organisations without classifying investors and the nature of business, and especially compared with Beijing, medical institutions are more involved in LTC delivery in Shanghai,

¹⁴ The pilot policy in the Haidian District.

¹⁵ Beijing Disabled Person’s Federation

such as nursing homes, primary health service centres, and LTC service stations. For example, a total of 26,160 institutional LTC beds are mainly run by the primary health service centres (49.7%) and hospitals (10.2), and 52,700 family care beds are run by 19 LTC service stations licensed by Shanghai HC. By comparison, the Shanghai method is more in line with the global trend. In terms of care settings, LTC in many countries starts with institutional care, but greater attention has been paid to the community- and home-based care (Lv and Ding, 2014). In terms of service providers, non-state actors are encouraged to participate in LTC service delivery to form the mechanism of market competition (Sato and Koji, 2015).

Table 11 LTC service delivery in Beijing and Shanghai

Key components	Beijing	Shanghai
Health care	Large-scale hospitals, geriatric hospitals, primary health service centres	Nursing homes, primary health service centres, secondary hospitals
LTC service delivered by care institutions	Stated-funded care institutions: beds for LTC service exceed 70%	Institutional beds for LTC exceed 80%; the secondary hospital; community health centre
LTC service delivered in the community and home settings	Care centres in the community, and LTC service organisations registered as service providers by Beijing MOCA ‘ <i>Beijingtong</i> ’ system ¹⁶ Family care beds	Service organisations in the community, LTC service stations, clinics, nursing homes, primary health service centres Family care beds

Source: Beijing Municipality the 13th Five-year Planning on Ageing-related Undertakings.

Shanghai NHFPC¹⁷ ‘the 13th Five-year Planning on Health and LTC Service System Development for the Ageing Population’.

2.7 Chapter summary

With over 40 million disabled older people, population ageing in the Chinese context poses an unprecedented challenge to the government to provide accessible and affordable LTC. Neither the social security system nor the service system is prepared for the challenge. In response to this challenge, China has embraced ‘Active Ageing’ by active policymaking towards Moderate Universalism. A variety of policies has been set out by the state, aiming to enhance income security and increase service provision for older people. However, the social safety net for LTC is far from being established. Accessible and affordable LTC remains one of the most critical social, economic, and political issues facing the Chinese government, demanding more government responsibility to address the challenge.

However, responses from governments across levels, departments, and areas vary widely. This phenomenon is evident when looking at Beijing Municipality and Shanghai Municipality. Despite strong similarities in multiple terms, Beijing and Shanghai differentiate from each other fundamentally in LTC policy response, including guidance policy and thus the priority of LTC provision in the ageing policy system, the coverage of entitlement to welfare and social

¹⁶ See <http://www.bjmzj.gov.cn/news/root/lgz/2016-01/116615.shtml>.

¹⁷ In 2018, it was renamed as Shanghai Municipal Health Commission (Shanghai HC).

insurance benefits, the funding mechanism of LTC, and the method of LTC service delivery. In terms of eligibility and coverage, level of benefits, and equality (Martínez et al., 2016), it is reasonable to conclude that LTC provision in Shanghai is more inclusive, therefore the Shanghai government takes greater responsibility in LTC provision than Beijing.

Both municipalities are shown to face major challenges in terms of a rapidly ageing and disabled older population. However, given these similarities, Beijing and Shanghai can be seen to have implemented the central directives very differently. Thus, the interesting question is why have they made different policy responses? Furthermore, what factors or drivers have led them down different routes and what are the implications of their choices? The remainder of this thesis will examine the LTC policymaking process and the factors that have led to different responses to the national strategy within these two local areas.

Chapter 3. Policymaking Process

3.1 Introduction

The purpose of this chapter is to lay the theoretical foundation for this study and identify theories or analytical frameworks that can explain “how public decision-making works...why policy output and outcomes differ from place to place and across time” (John, 2012, p. 1). To do so, this chapter reviews policy analysis theories in the West, the Chinese context of policymaking, and mainstream models and arguments in Chinese policymaking, thereby identifying critical knowledge gaps in the existing literature to address the research question of this study. Informed by the literature review, this study adopts the Multiple Stream Approach (MSA) as the main theory for understanding different experiences of LTC policymaking in Beijing and Shanghai.

This chapter proceeds as follows: Section 3.2 identifies the interpretive turn in policy theories in the West after clarifying concepts and the boundary of the investigation; Section 3.3 provides the context of LTC policymaking in China, including the political institutions and social policy development; Section 3.4 reviews ageing and LTC policies and broad literature on the influential models that have been adopted by Chinese policy analysis, thereby investigating the changed and unchanged in Chinese policymaking since 1978 and identifying critical knowledge gaps; Section 3.5 examines MSA, including its five core components, advantages for this study, and critiques and amendments; and Section 3.6 provides a summary of the chapter.

3.2 The interpretive turn in policy theories

This study is a policy analysis of LTC in China. Historically, policy analysis emerged in the United States and was mainly developed by American and European theorists. Therefore, mainstream theories have been developed and tested in the Western political context. This chapter starts with an overview of the influential policy analysis theories and perspectives in the West, which will help understand how they are used in the Chinese context.

In this study, ‘policy analysis’ refers to policy process research, and the policy cycle helps to further specify the scope of this study (Howlett and Ramesh, 2003). Despite simplified modelling, the policy cycle focuses on the “generic features” of the policy process, serving the “basic need to organise and systemise” research (Jann and Wegrich, 2006, p. 43). Referring to a five-stage policy cycle (Bochel and Duncan, 2007), this study focuses on agenda-setting, policy formulation, and decision-making, as distinguished from a complete policy cycle analysis. ‘Policy’ refers to public policies as a set of (non-)decision and (in)action that is the result of political and bureaucratic processes (Howlett and Ramesh, 2003; Hill, 2005; Bochel and Duncan, 2007; Knoepfel et al., 2007; Dryzek and Dunleavy, 2009). This definition highlights politics as “all events, processes, and practices which occur within the social sphere have the potential to be political” (Hay, 2002, p. 3; see also Dunn, 2012; Hill, 2005). Especially in the social welfare domain, the policy addresses who gets what, when, and how, which are highly political issues (Hill, 2005). For example, any claim for needs-based provisions and services is political as the need can be “politicised, contested, and interpreted” in the

policymaking process (Watson, 2000, pp. 73–74). Therefore, the study of the policy process is essentially the study of the exercise of power in policymaking (Hill, 2005; Cairney, 2012; Dunn, 2012).

The policymaking process is a complex phenomenon as "the relationship between variables is dynamic, causing waves of change to flow back and forth among component parts of the system" (Considine, 2005, p. 224). However, some core aspects can be identified to simplify, organise, and manage policy analysis (Sabatier and Weible, 2014). Despite varying conceptions, actors, institutions, and ideas are shared core processes in policymaking (John, 2012; Sabastier and Weible, 2014). Actors are the fundamental part of policy theories as they make the choices, and focusing on the actors provides a better way to understand how actors respond to structures and thus policy change (Tomlinson, 2010; Sabatier and Weible, 2014). Actors in the policy process vary widely in terms of identification, rationality, and autonomy (Howlett and Ramesh, 2003; Hill, 2005; Knoepfel et al., 2007; Sabastier and Weible et al., 2014). Elitism focuses on the highly identifiable actors in the policy process. To sharpen up the analysis of politics, John (2012) designates actors as decision makers, including policymakers and related consultants. This small group of participants is characterised either by legal positions, socio-economic positions, or knowledge and expertise, constituting a political class of elites from political and other areas (Hill, 2005; Cairney, 2012), whose "decisions play a crucial part in shaping the lives, choices, and futures of the mass of people" (Harding, 1995, p. 35). The elite theory is grounded on the conception of the hierarchical society, with "a relatively small number of very powerful people at the top", and concerns "relations between the rulers and the ruled, the powerful and the powerless" (Harding, 1995, p. 35; see also López, 2013; Osei, 2018). It recognises a causal relationship between elite actions and interactions and the state–society relationship, and therefore the critical differences between political systems (Higley, 2008; López, 2013; Osei, 2018). For example, in non-democratic countries, elites are dependent on the state, divided into the ruling group and the opposition, and lack autonomy, leading to low-level trust, communication, and cooperation between the two factions (Osei, 2018).

Rational choice theory is another perspective for analysing policy processes which assumes that involved actors are rational. To what extent rationality can explain policy choices is a major question in policy analysis and research (Peters and Zittoun, 2016, p. 8). As a primary decision-making model, comprehensive rationality is usually "an ideal type of decision-making [used] to start the discussion" (Birkland, 2020, pp. 295–296). Rational choice theory conceptualises political behaviour based on a simplified assumption that political actors are egotistical, self-regarding instrumental, and self-serving utility-maximisers (Hay, 2002; Caulfield, 2006; Griggs, 2006; Cairney, 2019). Their behaviour "always has a meaning and a logic of its own" (Knoepfel et al., 2007, p. 44), single-mindedly pursuing their preferences, which are objective, rank-ordered, and consistent (Griggs, 2006). Facing a large number of policy options, political actors with rationality have the capacity to "calculate and attach costs and benefits to available policy options", and then "choose the feasible course of action, which is most likely to maximise their own utility" (Griggs, 2006, p. 174), indicating that rational actors produce the best policy decisions.

Rather than focusing on actors, institutionalism emphasises the role of structure in the policy process. Institutional analysis examines what the key properties and causal mechanisms are of institutions and how they affect individuals' behaviour (Hall and Taylor, 1996). It begins firstly with the conception of institutional stability, focusing on stable institutional structures in the policy process. The concept of institutions widely expands to include both formal institutional arrangements and a set of institutionalised ideas about social and political reality (Hall and Taylor, 1996; Howlett and Ramesh, 2003; Peters, Pierre, and King, 2005; Cairney, 2019). However, as part of the structure, institutions of any above form are stable and durable until an exogenous shock occurs (Blyth, 2002; Cairney, 2019). Secondly, path dependency sustains as another central analytic element of institutional analysis (Mahon, 2016; Peters, 2016). It refers to the reproduction of behavioural patterns, namely, the “formation and long-term reproduction of a given institutional pattern” (Mahoney, 2000a, p. 508). Once established, institutions have a self-reinforcing effect that causes a conservative bias to promote similar types of decisions over time, thereby producing predictability, stability, and replication in policymaking (Cox, 2001; Birkland, 2020). Self-reinforcing processes include the socialisation of the members of the institution (Peters, 2016), mere inertia (Peters, Pierre, and King, 2005), rational cost–benefit assessments, a function for an overall system, support by an elite group of actors, and morality or appropriateness (Mahoney, 2000a). Therefore, one of the fundamental characteristics of institutions is to create stability, even if instability is likely to occur (Peters, 2016). Thirdly, regarding the causal mechanism, institutions structure authority, attention, information flows, as well as the relationships that occur in the process of addressing policy problems (May, 2015; Peters and Zittoun, 2016). They provide incentives or constraints on actors' rational action, thereby shaping their political behaviour (Béland and Waddan, 2015; Cairney, 2019). However, with a clear status-quo bias, institutions mainly function as constraints rather than facilitators to change, maintaining policy stability and continuity through a path dependency that makes major reform difficult (Béland and Powell, 2016). Accordingly, paradigmatic policy change is attributed to exogenous factors, and punctuated equilibrium is the method for change (Peters, Pierre, and King, 2005; Béland and Powell, 2016).

The above conventional theories take a positivist approach to policy analysis, emphasising objectivity, rationality, power concentration, and decisionism (Durning, 1995; Fisher et al., 2007). Responding to extensive and profound critiques, an ‘interpretive turn’ has emerged since the 1970s, as an alternative to positivism, in order to conduct policy inquiry (Peters and Zittoun, 2016). Rooted in the social construction of reality and increasingly incorporating ideas into the investigation, it emphasises subjectivity, bounded rationality, power diffusion, and the contingent and contextual rather than the universal in the policy process (Fisher et al., 2007; Hoppe, 2013; Béland and Powell, 2016; Peters, 2016; Nicholls and Teasdale, 2017). People are shaped by discourses both socially and politically; policy is constructed through language, and target population, government systems, and policy networks are socially constructed (Schneider and Ingram, 1993; Rhodes, 2007; Fisher and Gottweis, 2012; Nicklin, 2012). Therefore, the interpretive turn recognises the centrality of meaning-making, ideas, and discourse in the policy process rather than rational assumptions, focusing on the role of interpretation in policy analysis and the specific context (Fisher and Gottweis, 2012; Béland

and Powell, 2016). Particularly in institutionalism, the interpretive turn is termed an ‘ideational turn’, arguing for ideas that have a causal or independent role rather than secondary to institutions in understanding policy change (Blyth, 1997; Berman, 2013). It believes that policymaking is not merely about actors exercising power to pursue self-interest, but also about dealing with uncertainty, and ideas help agents to act through policymaking (Blyth, 2002; Carstensen, 2011; Cairney, 2012; Berman, 2013). As analytical variables, ideas influence political behaviour and outcomes by shaping actors’ goals, motivations, and preferences as well as the constraints and opportunities they face in particular contexts (Béland and Cox, 2010; Cairney, 2012; Berman, 2013).

The interpretive turn does not suggest the sole causal role of ideas in understanding the policy process. Rather, it values the interaction and interdependence between ideational and other dynamics in political change, as ideas only matter in context and keep interacting with other factors to shape policy paths and lead to policy stability or change (Campbell 2004; Parsons 2007; Fisher and Gottweis, 2012; Béland and Mahon, 2016). Therefore, influences exerted by ideas are usually interfered with by other factors, especially institutional forces (Béland and Mahon, 2016). Through such an ideas–institutions interaction, ideas promote both policy stability and change in different forms, such as radical and incremental changes (Béland and Waddan, 2015; Béland and Mahon, 2016). For example, ideas can transform the institutional context by shifting the dominant paradigm (Hay, 2002).

3.3 The political system and social policy in China

Before moving to review Chinese policymaking, this section will illustrate the context of Chinese policymaking, including its political institutions and social policy development. The world can only be understood “in partial, specific and local ways”, requiring “attention to specificity of time, place and constituency” (Watson, 2000, p. 67). Therefore, theories should be considered within an actual context where policy works (Considine, 2005). In particular, as reviewed above, policy analysis theories are developed in the West. Fundamental differences between the West and China demand an understanding of the Chinese context where LTC policymaking has occurred.

3.3.1 The politically centralised and fiscally decentralised system

The Chinese political system is a mix of political centralisation and fiscal decentralisation (Lieberthal, 1992; Nathan, 2003; Caulfield, 2006; Nickum, 2010; Qian and Mok, 2016; Zhang and Rasiah, 2016). Hierarchical organisational arrangement and personnel control contribute to political centralisation in China. Firstly, the Constitution addresses the ruling party–state relationship, recognising CPC’s sole leader position in the state (*Dang lingdao yiqie*). To achieve it, CPC party committees lead all levels and units of the government system, and CPC members, rather than other party members or independents, hold the top posts. Thus, the “overlap of the political party and the government is the unique political ecosystem” in China, which is different from the West (Lieberthal, 1992, p. 27). Secondly, the National People’s Congress of PRC (China NPC) and local PCs are the highest authority at each administrative level in China, forming the administrative, supervisory, judicial, and procuratorial systems. As the highest level of policy, the law is made by China NPC, and the provincial PCs make decrees and regulations that should conform to legislations of China NPC (Zhang and Rasiah, 2016).

The law operating in the population ageing area is the Law of People's Republic of China on Protection of the Rights and Interests of the Elderly. Thirdly, the central–local relationship follows the top-down approach. The Law of Administration regulates the five-level government system in China, including the central, provinces, prefectures, counties, and townships. In general, the central government issues principle or advocacy policy on the specific subject and responding to those policies is the dutiful responsibility for local governments, thereby implementing national policies from the central government to the township. Since Beijing and Shanghai are two municipalities at the provincial level that are directly under the central government, this study involves the central–municipal relationship in policymaking and implementation.

Besides hierarchical organisation, personnel control through top-down cadre responsibility systems strengthens political centralisation. Government officials are mainly selected through the civil servant system and appointed by the government. They are responsible for the government either at the upper level (for those who hold the top or critical positions) or at the same level (for the others). The personnel systems establish specific targets directly related to bureaucrats' salaries and promotion (Minzner, 2009). Therefore, the national government can use political incentives to make local governments align with central government, such as vertical checks on local officials by awarding promotion and other rewards (Nickum, 2010; Han and Kung, 2015), or control "over promotion and dismissal of provincial top leaders" within the political system (Jin et al., 2005, p. 1722). Proof of the effectiveness of this personnel control has been made apparent by the two influential patterns of Chinese bureaucrat behaviour, namely, the 'race to the top' model and the 'accountability' model (Qian and Mok, 2016), meaning that government officials perform their responsibilities with the aim of getting a promotion or to avoid being held accountable for issues with negative effects, such as a crisis or mass incident.

Contrary to political centrality, the fiscal system is highly decentralised since the introduction of the tax-sharing system in 1994, which has made China "one of the most decentralised countries" in this regard (Nickum, 2010, p. 538). More importantly, with the central government delegating welfare provision and social protection responsibilities to local governments, the assignment of revenue (*Caiquan*) is disproportionate to the assignment of responsibilities (*Shiqian*) between the central and the local governments, resulting in the conflict of dual decentralisation (Ngok, 2013; Fan, 2014; Qian and Mok, 2016). Although 50% of tax goes to local governments, almost 80% of responsibility lies within them (Fu, 2016), while the central government enjoys 70% of fiscal income with only 15% of expenditure responsibility (Xiao, 2014). Especially in the social policy domain, local governments take at least 70% of fiscal responsibility in social policy expenditure (Ngok, 2013). Asymmetrical finance and responsibility division between central and local governments has long been criticised by society and academic circles, and long-lasting and severe deficit at the local level has been evidenced (Liu, 2008; Cui, 2011; Song et al., 2012; Fan, 2014; Zou, 2014; Fu, 2016).

3.3.2 Social policy and welfare development

In China, LTC for older people is mainly addressed under the framework of social welfare and social security. In the field of social policy involving people's well-being and societal

development (Ge, 2019), the macro and historical approach to studying the evolution of social policy in different stages of China is evident, usually followed by the presentation of new models or policy proposals (Jing, 2008; 2010; Zheng, 2008; Guan, 2010; Hu and Peng, 2011; Gao, Yang and Li, 2013). Increasingly, social policy has become independent from economic and other policy fields and has gained momentum for development since social, economic, political, and cultural conditions have fundamentally changed in China (Zheng, 2011; Li, 2013). Throughout the long period since the foundation of the PRC, social policy serves national security and economic growth by solving social problems brought about by economic liberalisation after 1978 (Wang, 2004; Jing, 2008; Peng, 2010; Ngok, 2013; Ngok and Huang, 2014; Zheng, 2019), indicating its subordinate status and problem-solving nature. The year 2003 signals the arrival of the 'social policy era', witnessing an obvious expansion of social policy, and the social policy paradigm has shifted its focus to people's livelihoods after the 18th CPC conference (Saich, 2006; De Haan, 2010; Zheng, 2010; Ngok and Huang, 2014; Gong and Li, 2019; Duckett, 2020). Therefore, the social policy era is characterised by institution-building, wide coverage, and Moderate Universalism (Wang, 2004; Gong and Li, 2019; Howell and Duckett, 2019).

With the profound change in the social policy field, the welfare regime has experienced reforms and changes with dual features, namely, radical changes from welfare regress to welfare expansion and significant stability in the core. Under the grand context of Reform and Opening-up, the Chinese welfare system has witnessed a policy paradigm shift from the 'neo-liberal pattern' (Guan, 2000, p. 115) in the 1980s and 1990s to rapid welfare expansion since 2003 (Wong, 2004; Wang, 2009; Ngok and Huang, 2014; Kongshøj, 2015; Wan, 2016). Researchers attribute this change to the pressure from society caused by the reform of neo-liberalism and the incidence of big crises, such as SARS (Kaufman et al., 2006; Saich, 2006; De Haan, 2010; Xiong, 2012; Ngok and Huang, 2014) and the performance-based legitimacy of the government that generates proactive action to improve social welfare, including belief in the positive effect of social policy on economic development (Burns and Zhou, 2010; Yang and Zhao, 2015; Duckett and Wang, 2017). Despite significant changes, the residual nature of the welfare system remains stable. Since it was formed in the 1950s, China's welfare system has been residual or selective, targeting the poor and vulnerable people, including children in hardship, older people and the disabled (Guan, 2001; Peng, 2010; Shang and Wu, 2011; Mok and Lau, 2014). All welfare benefits are means-tested and financial difficulty is the core criterion for eligibility (Leung, 2006). Two factors explain the stability of this model in China. It is in line with the East Asian model, characterised by low-level benefits, narrow coverage and thus a focus on familial responsibility and productivism (Peng, 2010; Wan, 2016). With decades of development and a set of institutional arrangements, such as personnel, policies, and finance, the residual welfare system has become a policy paradigm rooted in the government system (Wan, 2016).

This regime suits the condition of a weak economic foundation, as was the case before 1978, as well as economy-centric logic; however, it has become increasingly unfit for population ageing and societal development (Dou, 2006; Zhao, 2006; Jing, 2007; Wang, 2009; Peng, 2010; Jing and Bi, 2011; Zheng, 2011; Wan, 2016). As a cost-saving institution, residual welfare ensures administrative and financial efficiency, but reduces welfare spending at the expense

of more family responsibility and societal risk and ignores equity, which leads to inequality across regions and among the people (Solinger, 2010; Saich, 2011; Herd, 2013; Ngok, 2013; Wan, 2016). Therefore, Chinese social policy is rigorously criticised for missing the core values of social rights, social solidarity and unified citizenship, social justice, and equity and equality, thus questioning its effectiveness (Liu and Wu, 2006; Pan, 2007; Guan, 2010; Peng, 2010; Kongshøj, 2015). Responding to the changing context, researchers and the government propose new welfare models, and Moderate Universalism (MU) has been regarded as a strategic transformation on the state agenda (Dou, 2006; Hou and Sun, 2009; Jiang, 2009; Wang, 2009; Peng, 2010; Lin, 2011; Dai and Cao, 2012; Li, 2013). MU is “a series of social policies and institutional arrangements aiming to meet the basic needs towards all citizens based on the economic and societal conditions in the country or localities” (Wang, 2009). This definition emphasises universal coverage and the appropriate degree of welfare provision that is relative to existing residual welfare, as well as economic and societal development. It accords with Martínez Franzoni and Sánchez-Ancochea (2016) who suggest a relative and progressive view to interpret universalism in three dimensions, that is, coverage, generosity, and equity.

Besides advocacy and proposals, challenges to achieving MU are prominent. So far, a consensus on MU has not yet been reached, and the connotations of, and approaches to, MU are still controversial (Li, 2014; Im and Meng, 2016). MU requires core values of social rights, primary government responsibility, and diversified welfare provision (Wang, 2009; Peng, 2010; Zheng, 2011; Gong and Li, 2019). However, the core values of social rights and social justice in social policy have not been established. Despite prevailing advocacy for core values among academic and professional circles, welfare reform is still featured by “relatively worshipping efficacy and underplaying equity” (Hou and Sun, 2009), and the citizenship-based social welfare system has not been established (Liu and Wu, 2006; Gao, Yang and Li, 2013; Dwyer, 2004, cited by Ngok and Huang 2014). Thus, the concept of primary government responsibility remains unclear. Vastly different from economic growth, the Chinese government has long been challenged over its political will and capacity to develop social policy (Peng and Hu, 2011; Shi, 2011). The conceptual ambiguity gives discretion to local governments to conceive their own responsibility, and this power may compromise national policies (Nickum, 2010; Ngok, 2013; Qian and Mok, 2016). Due to the lack of a proactive attitude to welfare spending based on primary government responsibility, the tension between basic needs and fiscal capacity, and thus the tension between targeted and more inclusive welfare, are evident in social policy (Wang, 2009). This explains the contradiction between increased welfare policies and decreased welfare benefit levels in China (Zhang, 2012; Kongshøj, 2015). With regard to diversified welfare provision, the partnership between the state, society, and the market has not formed in a real sense, the role of civil society in social welfare provision is declining, and the market mechanism is immature due to a lack of profit drivers for non-public actors (Lin, 2010; Wang and Lv, 2015; China MOCA, 2016a; Cheng and Wei, 2017; Huang, 2018).

3.4 Policymaking in China

This study aims to understand the LTC policymaking process in Beijing and Shanghai. However, the existing Chinese literature on ageing and LTC policies loses sight of the policymaking

process. Thus, this section then turns to broader literature to review influential models and arguments on Chinese policymaking, examining to what extent the existing literature can address the research question of this study, and where critical knowledge gaps reside. As part of ongoing political reform that has occurred over four decades, Chinese policymaking is undergoing a massive transformation. Therefore, it is imperative to grasp what has changed and, conversely, what remains unchanged in Chinese policymaking in the transitional context.

3.4.1 Ageing and long-term care policymaking

For decades, Chinese literature has lacked social policies for population ageing for two reasons: 1) the non-independence of social policies and 2) the problem-solving approach. As reviewed above, before the 'social policy era', the function of social policies was to serve national security and economic growth, while population ageing belongs to neither of them. Furthermore, Chinese social policies respond to severe social problems (Wang, 2006; Jing, 2008; Ngok, 2013). However, until the arrival of the first wave of ageing in 2010, population ageing was not perceived as a social problem requiring policy intervention but viewed more as a 'Pseudo-problem' (*Wei wenti*) (Zhang, 2004). Since 2013, a substantial increase in the literature on population ageing and LTC has occurred, and a better understanding of population ageing has emerged in China. This has recognised that the disability of older people is key to coping with population ageing in China (Zeng, 2001; Du and Wu, 2006; Yin and Lu, 2007; Ni et al., 2010; Jing and Li, 2014; Lin, 2015). However, research on LTC concentrates on demographic changes and LTC needs and policies, overlooking the policymaking process by which LTC needs are translated into policies. Early research on population ageing fell into demography and health areas with a focus on demographic changes and nursing skills (Zeng, 2001; Gu and Zeng, 2004; 2006; Wang et al., 2004; Du and Li, 2006; Du and Wu, 2006; Yin and Lu, 2007; Zhang and Hu, 2015). The current research concentrates on estimating the magnitude of LTC needs, the imperatives, and the feasibility of establishing LTC institutions, LTC insurance models, and overseas experience (Wang and Zeng, 2015; Zhao and Han, 2015). Studies on LTC delivery focus on service delivery models and associated problems (Luo, 2014; 2015; Su et al., 2015; Peng et al., 2017).

The above two focuses on demographic changes and LTC needs and policies imply that the rational measurement of LTC needs leads to universal LTC provision, and that LTC policymaking is only concerned with selecting effective models to deliver LTC. Such a depoliticisation of the policymaking process is a misunderstanding of LTC policy. Power is involved in the definition of the legitimate needs for policy intervention (Langan, 1998). Meanwhile, financing LTC is a highly political issue as political will determines the method of sharing the LTC burden (Colombo et al., 2011; WHO, 2011). In particular, complex central–local relationships manifest politics in Chinese social policies. For example, the central government intends to improve social welfare provision, while local governments function as a constraint to national aspirations (Zheng, 2010; Ngok, 2013; MoK and Lau, 2014; Qian and Mok, 2016). The political deliberation provides space for local governments to manipulate policymaking, while depoliticisation makes the LTC policymaking process underexplored.

3.4.2 *Elitism: policymaking by elites*

Actors in the policy process have received constant attention from Chinese scholars, and elitism is the basic policymaking model in the post-1949 era (Li, 2006; Zhu, 2008; Wang and Hu, 2010; Hammond, 2013; Liu, 2016). In the context of political reforms since 1978, the concept of elites and the interaction between them have undergone tremendous changes in China. Initially, elitism focuses on the top leaders in the Chinese political system, believing that the top leaders with power and the advantage of information control can make policies to achieve rationality and problem-solving goals (Lieberthal, 1992; Li, 2013; Duckett, 2019). A variation is the elite factionalism model, which argues that factional elites dominate the policy process (Tsou, 1995; Hammond, 2013). It believes that the top CPC leadership is composed of several factions, rather than a seamless unity, and the conflict between elite leaders and their factions determines policy developments and reflects the changes of power relations between factions within the upper tiers of the Chinese government (Lieberthal, 1992; Hammond, 2013; Hong and Yang, 2018). Regardless of whether the leadership is the entirety or the factions, this elite-oriented approach focuses on party politics and power succession (Nathan, 2003). Furthermore, it assumes that policymaking exists at the top, and that central policies are to be implemented by local governments with fidelity throughout China. Therefore, this strand of literature neither contributes much towards understanding the large proportion of policymaking under high-level leadership, nor explains policy deviations across local areas in the implementation of national policies. Then, the attention shifts from a handful of top-level leaders to a large number of bureaucrats, as both top leadership and bureaucrats are central for explaining policymaking outcomes in China (Hammond, 2013). Bureaucrats from different government units shape policy through bargaining in order to achieve consensus, and bargaining is “an authority relationship of reciprocal control...among representatives of hierarchies” (Lampton, 1992, p. 37; see also Lieberthal, 1992; Duckett, 2019). For this reason, political compromise within the power elites characterises Chinese policymaking (Wang and Hu, 2010).

Both the top leader- and the bureaucrat-centred models illustrate the policy process dominated by state actors, which is featured by an apparent absence of participation through “public consultation, grassroots activism, civil litigation, and lobbying” (Lo, 2015, p. 152). However, Chinese policymaking has gone through profound transformations with extensive and fundamental reforms of economy, politics, and society after 1978 (Hammond, 2013), and the elites are further expanded from political to social elites. Chinese policymaking has changed from closed-door to open-door, involving a wide range of participants and stakeholders, such as economic, intellectual, and other social elites, the public, non-governmental organisations, the media, and international actors, recognising and balancing different interests (Howell, 2004; Wei, 2006; Mertha, 2009; Wang, 2009; Wang and Hu, 2010; Chen, 2013; Ma et al., 2018; Ren, 2018; Duckett, 2019). In particular, the pluralisation of intellectual circles was observed in China (Zheng, 2011; Zhu, 2013). By employing specialist knowledge and personal connections with politicians, intellectuals have become more active and influential in policymaking.

3.4.3 *Authoritarianism: policymaking within divided institutions*

Another strand of literature on Chinese policymaking focuses on formal institutions, namely, the decentralised authoritarian regime. A widely employed and still dominant model that explains Chinese policymaking is the 'Fragmented Authoritarianism' (FA model) developed by Lieberthal and Oksenberg in 1988, emphasising the decisive role of structural elements and processes in policymaking (Mertha, 2009; Li, 2013; Duckett, 2019). Based on studies on Chinese economic policymaking after 1978, the FA model finds that the Chinese bureaucratic organisation is highly fragmented vertically and horizontally, and is composed of six clusters of functions (economy, propaganda and education, organisation and personnel, civilian coercion, the military system, and communist party territorial committees). Fragmented authority extensively exists under the top leadership of the Chinese political system, which is "structurally based and has been enhanced" by political reforms on processes (Lieberthal, 1992, pp. 6-8). Combined with a bureaucratic ranking system, fragmentation determines that bargaining for consensus-building among a range of bodies dominates the Chinese policymaking process. Moreover, the declining use of coercion, and the ideological control and pluralisation of politics, have led to an increase in bargaining in Chinese policymaking (Lieberthal, 1992; Nathan, 2003; Mertha, 2009).

Since bargaining is the dominant means for performing political leadership (Lampton, 1992), the FA model stresses bargaining relationships, determining the "conditions under which bargaining [among bureaucrats] does or does not occur" (Lieberthal, 1992, p. 10). One condition is related to the dialectic relationship between the central and local governments. Two key factors determine bargaining positions, namely, the control over information and skills, as well as resources (Lieberthal, 1992). For example, the centre gains the advantage in bargaining with the localities by strengthening its control over information and skills despite its declining control over budgets in the constant process of financial decentralisation in China. Another condition is associated with unsolved issues in bargaining. To initiate and develop major projects, the FA model requires the efforts of top leaders to overcome bureaucratic deadlocks at lower levels in order to "gain the active cooperation of many bureaucratic units that are themselves nested in distinct chains of authority" (Lieberthal and Oksenberg, 1988, p. 22; cited by Li, 2013, p. 198; see also Duckett, 2019). As "no single body has authority over the others" (Lieberthal, 1992, p. 8), unsolved issues among related functional systems are to be passed to the higher authorities to "coordinate, mediate or adjudicate" (Duckett, 2019, p. 22). The imperative and effectiveness of this coordinating role by key actors depends on the bureaucratic hierarchy and fragmented bureaucracy. Therefore, coordination by the key actors is likely to bring about consensus-building. Otherwise, coordinating efforts may fail as constituent parts enjoy legitimate autonomy (Lieberthal, 1992).

3.4.4 *Rationality: problems and self-interest in policymaking*

Besides leadership power and institutions, rationality is highly valued in Chinese policymaking, and closely related to the ruling party ideology and the dominant leadership power model. Rationality assumption has been viewed as adequate to model and predict human behaviour (Shafir and LeBoeuf, 2002). The rationality view has its origins in CPC party ideology, namely, materialism, which states that the "material base determines the non-material

superstructure, including political and ideological relations” (He and Thøgersen, 2010). Furthermore, the leadership power and rationality models are commonly adopted to explain Chinese policymaking, which state that top-level leaders are rational policymakers, who start policymaking with objective problems and end with the right policy. Policymaking aims to “pragmatically solve new policy problems” or “keep alive ideological vision” (Duckett, 2019, p. 21), and top leaders control enough information to make clear and detailed decisions and learn from research and policy experimentation (Lampton, 1992; Lieberthal, 1992). In the policymaking, some specific preferences for top Chinese policymakers are mentioned, including value preferences, power needs, and budget or government funding (Lieberthal, 1992; Duckett, 2019). This subsection elaborates on two types of preference prominent in Chinese literature, namely, problems and self-interest, which exist among both top leaders and bureaucrats.

The policy problem is an important driver of Chinese policymaking. Xi Jinping states that problem orientation constitutes one of the three dimensions of 'Socialism with Chinese characteristics (*Zhongguo tese shehuizhuyi*)', and “reform arising from problems has deepened in the continuous process of problem-solving” (Wang and Ning, 2018). The statement clarifies the logic of problem-oriented reform, which critically affects policymaking throughout China. Therefore, in the Chinese context, problem orientation makes policymaking achieve the present-aim standard of rationality, meaning that “rational people act efficiently in pursuit of whatever objectives they hold” (Green, 2002, p. 13). Furthermore, the policy problem is commonly conceived as an objective existence to be identified and solved. Xu (2019) elaborates on problem-oriented policymaking, namely finding, presenting, studying, and solving problems, indicating rational policymaking to solve objective and identifiable policy problems. Similarly, Gong and Li (2019) outline the three main areas of Chinese social policymaking: demographic structure, educational inequality, and poverty eradication, implying that social policymaking is supposed to solve these social problems that have been identified. A crisis or focusing event (*Jiaodian shijian*) is a problem emerging in an extreme form, and focusing events have become critical factors influencing agenda-setting and leading to the flourishing of the external pressure model of agenda-setting in the 1990s (Wang, 2006; Wang and Hu, 2010; Zhao and Xue, 2017). By this model, the issues with two qualities enter the agenda: whether it causes public attention; and whether it poses a real threat to the regime (Zhang, 2008; Wang, 2009).

Specific to local policymaking, policymakers’ self-interest (*Zi li xing*) has attracted increasing attention from Chinese scholars. Given the vertically and horizontally fragmented bureaucracy in China, policy analysis has observed the constant misalignment between central and local governments in national policy implementation, leading to an increasing body of literature devoted to examining how local governments respond to national policies. As society has become increasingly heterogeneous in the post-1978 era, the assumption of the altruism of government officials and the government has been subject to challenge (Zhou, 2007), while self-interest in policymaking is broadly recognised. Self-interest widely exists in individual bureaucrats, functional departments, and the government as an entirety (Dong, 2008). A vast body of literature views local governments as rational actors pursuing self-interest because they are the “primary motivation for individuals and organisations” (Jin and

Zhang, 2002, p. 108; see also Zhou, 2007; Dong, 2008; Fan, 2014; Zeng, 2014; Zhao, 2014; Zhang, 2016; Huang, 2017; Tian, 2018). Huang (2017) outlines four factors adversely affecting local governments' behaviour, which include the lack of laws and regulations on local public finances, ambiguity in the intergovernmental responsibility division, low-quality performance management, and the absence of supervision, highlighting concerns about finance and performance. Based on this argument and other literature on the behaviour of local governments, two types of incentive stand out as important, that is, stability maintenance and budget and finance.

Stability maintenance (*Wei wen*) has become the top priority of the government as social unrest is considered a threat to social stability, economic growth, and political rule (Zheng, 2011; Xie, 2013). To an extreme degree, some researchers even argue that China tends to marginalise concepts of law, rights, and ideology with the emphasis on stability maintenance (Benney and Marolt, 2015). The priority of stability stems from the increasingly heterogeneous Chinese society, which is “full of anger, political consciousness, anxiety, and uncertainty” (Zheng, 2011, p. 28). Therefore, the primary task of cadre assessments is to maintain social stability (Lee and Zhang, 2013; Wang et al., 2018). In this way, stability maintenance has become the concrete self-interest of individual bureaucrats and local governments rather than abstract political value, as they have no intention of provoking collective resistance and thus undermining their performance (Wang et al., 2018). Also, budgets and finance constitute a basic orientation in Chinese policymaking (Lieberthal, 1992; Li, 2009; Wang, 2009; Nickum, 2010; Duckett, 2019). With fiscal decentralisation, the maximisation of financial benefits has become the dominant logic governing local government behaviour (Zhang, 2016). In particular, the asymmetrical assignment of revenue and responsibilities results in tension between unfunded central mandates and tight budgets at the local level, thereby exacerbating interest conflicts between centre and local governments (Fan, 2014; Qian and Mok, 2016). Therefore, to what extent national policies are to be implemented is largely dependent on the financial capacity and political will of local governments (Mok and Lau, 2014).

The above two incentives significantly shape the behaviour of local governments in a centralised authoritarian system. Rather than merely taking the order from the central government, local governments play a significant role in policymaking and implementation (Leung, 2006; Chan, Ngok, and Philip, 2008; Zheng, 2017). There is lots of lobbying and negotiation from policy agenda-setting, policy formulating, funding and policy implementation between the central and the local governments (Zheng, 2010; Shi, 2011). In particular, when the policy contains a conflict of interest, either independently or allied, local governments tend to adopt coping strategies to compromise the original intention of state policies from the higher authorities (Li, 2006; Zhou, 2010; Fan, 2014; Zeng, 2014). They are stimulated to refrain from introducing more inclusive social policies and to be content with a minimal level of policy response (Guess and Ma, 2015; Qian and Mok, 2016). The consequence is ‘selective governance’, referring to the preference for investing resources in economic growth, rather than social governance and public concerns, with the aim that ‘nothing goes wrong’ (Zhang, 2016, p. 78), and thus resulting in the insufficient provision of

public services and welfare in localities or the waste of public resources (Cai, 2004; Ahlers and Schubert, 2015; Huang, 2017; Tian, 2018).

3.4.5 Four critical knowledge gaps

This study starts with the observation of different policy responses to the central instructions on LTC provision by local governments, despite their significant similarities in multiple terms (see Chapter 2). The phenomenon demands this study to trace the policymaking process and therefore explain dissimilar policy changes in LTC provision in China. The above review identifies the dominance of leadership power, institutions and rationality in Chinese policy analysis (Duckett, 2019), revealing the gaps in investigating plural actors in policymaking, varying degrees of policy change, and diversified socially and politically constructed realities and thus showing the inability to comprehend the LTC policymaking examined in this study.

Firstly, the dominance of the leadership power model and elitism is contrary to the evident trend of pluralistic participation in Chinese policymaking, hindering the understanding of policymaking activities by non-state actors. In China, the political opportunity structure has transformed, giving more space for the proliferation of social actors (Moore, 2014). A large body of literature has captured the trend of pluralisation in Chinese policymaking since 1978, noting the crucial impact of non-state actors on Chinese policymaking and their changed behaviour (Lieberthal, 1992; Martha, 2009; He and Thøgersen, 2010; Zheng, 2011; Zhu 2013; Liu 2014; Moore, 2014; Lo, 2015; Liu, 2016; Wang et al., 2018). Bargaining extends from political elites to social actors in policymaking. Despite the absence of formal negotiation mechanisms or procedures, local governments tend to negotiate with society (Chan and Cabestan, 2001; Zhang, 2013). Then, based on the assumption that fragmented Chinese authoritarianism allows policy entrepreneurs¹⁸ to operate (Mertha, 2009; Hammond, 2013), research increasingly recognises the role of policy entrepreneurs and networks in policymaking. Exploratory efforts identify different types of policy entrepreneurs affecting Chinese policymaking, such as previously-excluded peripheral officials, non-governmental organisations and individual activists, and the media (Mertha, 2009; Li, 2013); scientists, engineers, social science researchers, lawyers, and other practitioners who possess professional and specialised knowledge (Zhu, 2013); journalists and editors (Duckett, 2019); and high-ranking bureaucrats, such as the minister of China MOCA (Hammond, 2013). Moreover, the alliance between policy entrepreneurs affects policy outcomes through issue-framing (Li, 2013), and formal and informal networks shape the policy process (Duckett, 2019).

Secondly, the emphasis on stability and decisionism of institutions substantially undermine the ability of institutionalism to understand Chinese LTC policymaking that is evolving and varies across regions. Theoretically, the emphasis on stability and constraints to policy change impedes the understanding of the rapid changes in the LTC policy system that is at the exploration stage in China. Decisionism of institutions then hinders the investigation of the complex dynamics between central and local governments, which is essential for understanding Chinese policymaking (Lieberthal, 1992; Leung, 2006; Zheng, 2010; Qian and Mok, 2016). The institutional approach assumes that the authoritarian polity ensures the fidelity of policy implementation in China (Lieberthal, 1992). However, authoritarian power

¹⁸ The concept is borrowed from Kingdon (2011).

over local governments is declining, and a power shift from the central to the local is evident, forming a multiple power matrix with the rising role of local governments (Zhang, 2006; Mertha, 2009; Zou, 2014; Zhang and Rasiah, 2016). Rather than being “a cog in the machine” to implement national policies, localities become a starting point, formulating new policies in local contexts (Wang et al., 2018, p. 454). Besides, local governments have self-interest, demonstrating the ability to fail or distort the efforts of the higher-level authorities (Lieberthal, 1992; Zhu, 2003; Caulfield, 2006; Shi and Cai, 2006; Minzner, 2009; Nickum, 2010; Ahlers and Schubert, 2015). In social policy, the interest conflict between central and local governments is particularly prominent, and Ngok and Huang (2014) even warn of the emergence of local activism and local welfare states. Therefore, institutionalism is incapable of explaining the different, inconsistent, and contradictory policy responses of local governments to central policies within unitary institutional arrangements.

Empirically, the focus on stability and decisionism of institutions impedes the efforts to improve social policy towards equity and universalism, highly valued by LTC provision (Colombo et al., 2011; Wang and Zeng, 2015; Zhang and Hu, 2015). In China, institutional arrangements and fiscal capacity are two key factors in public services provision (Zeng, 2012; Wu, 2014). By this logic, as reviewed above, the absence of core values of social rights, social justice and equality in Chinese social policy is considered an unavoidable result of systematic institutional arrangements, such as decentralised institutions (Saich, 2011; Yu, 2011; Ngok, 2013). Therefore, the institutional approach must cause and legitimise fragmented welfare provision and inequality across localities in China (Lin, 2001), and it is unlikely to expect institutional reforms in favour of achieving equality in social policy (Cook, 2007; Shi, 2011; Kongshøj, 2015; Zheng, 2017).

Thirdly, despite the commonality of rational explanations in Chinese policymaking, policymakers’ motives remain unexamined, and rationality explanations are implicit, serving to describe policies and outcomes rather than explain how they are made (Duckett, 2019). Furthermore, heavy reliance on rationality in Chinese policy analysis is problematic as it ignores socially constructed realities and politics within the process of social construction. Problems are socially constructed rather than identified or discovered (Dery, 1984; Burr, 2003; Dewulf et al., 2009; Hoppe, 2002; Shapiro, 2002; Abraham, 2011; Koon et al., 2016). Therefore, problem definition has perceptual, interpretive and political elements, and how conditions become problems is a key political process of policymaking (Rocheftord and Cobb, 1994; Buse et al., 2012; Bacchi, 2016). The same issue can even be constructed in various forms of problem definition (Hoppe, 2002; David et al., 2012), and the controversy over real issues constitutes the essence of the political process (Princen, 2007), as the agreement on a particular definition normally “implies a consensus about what government should do” (Rocheftord and Cobb, 1994, p. 52). Therefore, defining a problem involves three levels of political conflict: whether a problem exists, what is the best solution, and what is the best means of implementing it (Baumgartner, 1989; Cairney, 2021). In the same vein, self-interest is socially constructed rather than objective and fixed (Béland, 2010; 2016; Béland and Mahon, 2016), and both material and non-material interests matter in policymaking, such as status, prestige, patronage and influence (Dunleavy, 1989; Berman, 2013; Fan, 2014), requiring policy analysis to consider the interaction of interests and ideas (Campbell, 1998). Therefore,

interest-based behaviour involves interpretations of interests (Schmidt, 2008). For instance, performance-based legitimacy motivates the Chinese government to improve social welfare (Burns and Zhou, 2010; Yang and Zhao, 2015; Duckett and Wang, 2017).

Fourthly, the emphasis on leadership power, fragmented institutions, and rationality in policy analysis leads to far fewer applications of ideas in China, indicating that the interpretive turn developing in the West is weak. The rising attention to socially constructed realities and the influence of ideas on Chinese policymaking is observed; for example, Cheng (2014) believes that the combination of policy perceptions and institutional systems determines Chinese social policy. However, concepts related to ideas are “rarely deployed analytically in Chinese policy research” (Duckett, 2019, p. 18). As mentioned above, the deficiency of the theories in this regard has significantly hindered the investigation of the multifaceted motivations that drive Chinese policymakers, such as high diversity of interests (Blyth, 2002; Parsons, 2007; Hay, 2011; Béland, 2016). Furthermore, compared with institutionalism, ideas-focused analysis is able to examine and explain the degree and type of policy change: the ‘how much, what type and why of change’ (Béland and Powell, 2016), which is crucial for this study to investigate different LTC policy responses across localities. In particular, in the uncertain and ever-changing context of Chinese policymaking, ideas have significant impacts on political outcomes (Parsons, 2007; Carstensen, 2011), for example, besides changing institutions, institutional change can be achieved by the path-shaping process to construct the need for reform (Cox, 2001), and shifting the dominant policy paradigm (Hay, 2002). Therefore, the interpretive approach reveals how actors “use ideas actively and creatively” in the policy process (Carstensen, 2011, p. 597), providing policymakers with opportunities to make changes, rather than merely being constrained by institutions.

3.5 The Multiple Streams Approach

Given the research question and the knowledge gaps, this study chooses a multi-factor model that focuses on change to analyse the LTC policymaking process in Beijing and Shanghai. The Multiple Streams Approach (MSA), which originated from the “Garbage Can Model” (GCM), argues that ideas, interests and institutions that interact in three streams of problems, policies and politics shape public policy (Baum et al., 2014; Béland, 2015). It explains how the American federal government makes policies under ambiguity (Kingdon, 2011; Zahariadis, 2014; Novotný et al., 2016). Through a wide range of applications in various institutional settings and policy domains, MSA has become a major model of the policy process for conducting policy analysis (Exworthy et al., 2003; 2008; Zhu, 2008; 2013; Liu et al., 2010; Robinson and Eller, 2010; Young et al., 2010; Ackrill and Kay, 2011; Cairney and Jones, 2016; Holler, 2017; Blackman et al., 2018; Birkland, 2019). This section mainly draws on the work of Kingdon and is informed by MSA studies.

3.5.1 Five core components

MSA suggests that a dramatic policy change is the result of the convergence of problems, policies, and politics at a critical moment promoted by policy entrepreneurs. Therefore, MSA consists of five structural elements: three non-linear and independent streams of problems, policies, and politics; policy entrepreneurs; and the policy window (Kingdon, 2011), and the

analytical task is to specify the “dynamic and complex interactions that generate specific policy outcomes” (Ackrill et al., 2013, p. 872).

The problem stream is the arena where certain conditions or issues receive attention from policymakers and are defined as policy problems. Kingdon (2011) believes that problem recognition and definition significantly affect policymaking outcomes. By three means, namely, indicators or publication of evidence, focusing events, and feedback, only a few conditions or issues attract attention from policymakers (Kingdon, 2011). Then they are conceptualised as problems appropriate for policy intervention through placing values, comparing the gaps, and categorisation (Kingdon, 2011). These two processes in the problem stream illustrate that problem definition is highly political, either with “great political stakes” (Kingdon, 2011, p. 110) or as a “supreme instrument of power” (Schattschneider, 1960, p. 68; cited by Rochefort and Cobb, 1994, p. 5).

The policy stream is a competitive process for the survival and triumphs of policy proposals, resembling a “biological and natural selection” in the “primeval soup” (Kingdon, 2011, p. 116). The policy community, consisting of policy specialists from the respective policy area, generates a large number of policy proposals that are then discussed, floated, responded to, and continuously revised by other community members. They employ some critical standards to assess these policy alternatives, including technical feasibility, value and political acceptability, and anticipated costs. Meeting the three standards significantly increases the probability of survival and selection of policy alternatives. Besides, since being composed of specialists holding different ideas, the structure and thus impacts of policy communities vary. For example, a divided policy community leads to policy fragmentation and instability, while a tight community generates shared ideas and ways of thinking, thus favouring policy stability (Kingdon, 2011).

The political stream is “an important promoter or inhibitor of high agenda status” (Kingdon, 2011, p. 163), addressing the policy environment and decision opportunities (Robinson and Eller, 2010; Ackrill and Kay, 2011). Employing a narrow definition of ‘political’, Kingdon (2011) elaborates on four major political factors: national mood, organised political forces, events in government (turnover and jurisdiction) and consensus-building, highlighting the changeable features of politics (Mucciaroni, 1992; Howlett et al., 2015). Although a variety of political factors is involved, some political factors are powerful enough to change the balance of political forces (Kingdon, 2011). Regarding political activities, Kingdon (2011) emphasises coalition-building for victory, and the consensus is reached through bargaining.

The coupling of problems, policies, and politics is the causal link or the driving force for policy change (Kingdon, 2011; Ackrill et al., 2013). Two types of coupling generate two agendas that decide which issues are to be at the top of the agenda, demonstrating that MSA takes an agenda-setting perspective to analyse the policy process (Princen, 2007; Walt et al., 2008; Liu et al., 2010). The coupling of problems and politics determines a governmental agenda consisting of a list of subjects that attract serious political attention (Kingdon, 2011). Only problems that are appropriately defined and receive political attention move to the top of governmental agendas; namely, both the substance of problem definitions and the politics determine the status of issues (Béland, 2016). Therefore, achieving a prominent agenda

position among many policy problems is a “conceptual and political accomplishment” (Kingdon, 2011, p. 115). Then, the convergence of all three streams determines a decision agenda composed of a list of subjects for an authoritative decision, meaning “none of the streams are sufficient by themselves to place an item firmly on the decision agenda” (Kingdon, 2011, p. 178). In reality, it is not often seen that three streams evolve on their own, to be ripe for coming together simultaneously and then “linked in a single package”, but connecting a solution to the other two elements is “the particularly crucial coupling” (Kingdon, 2011, p. 204).

Coupling takes place when opportunities arrive. Opportunities refer to “the possibility of policy change” (Birkland, 2019, p. 385), and policy windows are the opportunities that “define and limit the context within which policy is made” (Zahariadis and Exadaktylos, 2016, p. 61). Hence, the policy window is a “relatively distinct period with specific contextual determinants” (Hyshka, 2009, p. 514). It opens in the problem or political stream (Howlett and Ramesh, 2003; Kingdon, 2011), and has different dimensions, such as time, width, size, and results (Exworthy et al., 2004; Nowak, 2010; Kingdon, 2011). However, a prominent feature lies in its temporality and scarcity, due to time constraints in policymaking and requiring competent and resourceful policy entrepreneurs to seize it. Therefore, policy entrepreneurs are crucial to coupling. MSA considers policy entrepreneurs as central figures, positioning them at the core of achieving critical policy change (Exworthy and Powell, 2004; Kingdon, 2011; Knaggård, 2015; Spohr, 2016; Zahariadis and Exadaktylos, 2016). Policy entrepreneurs are broadly defined as all policymakers or actors in or outside of government and as biological or organisational actors (Krause, 2003; Zhu, 2007; Kingdon, 2011; Ackrill et al., 2013; Cairney and Jones, 2016; Zohlnhöfer and Rüb, 2016). Despite broad definitions, policy entrepreneurs should be “central in moving a subject up” on the agenda, and three qualities contribute to the success of entrepreneurial action, including expertise, an ability to speak for others, and an authoritative decision-making position (Kingdon, 2011, p. 180).

3.5.2 *The rationale for adopting MSA*

MSA emphasises ambiguity, independent and interactive streams, ideas, and theoretical synthesis, which enable this study to investigate the specific processes of LTC policymaking and seek multiple-factor explanations, thus constituting evident advantages in addressing the research question of this study. Firstly, MSA is designed to handle ambiguity, and LTC examined in this study is precisely the issue that has great ambiguity. Ambiguity is the theoretical departure point of MSA, referring to the “presence of multiple, conflicting, and irreconcilable interpretations of public events, situations, and processes” (Zahariadis, 2016, p. 4; see also Kingdon, 2011; Zahariadis and Exadaktylos, 2016). Namely, “no concept in the policy process has a fixed meaning” (Birkland, 2019, p. 384). Placing ambiguity rather than rationality at the centre of analysis, MSA is closer to the reality of policymaking, viewing policymaking as a complex adaptive system, in which agents react to changing environments (Kingdon, 2011). Actors tend to act rationally to achieve their aims, and political manipulation is the method used to manage policymaking as a rational process (Kingdon, 2011; Knill and Tosun, 2012; Sabastier and Weible et al., 2014). However, they face biological and cognitive limitations in that rationality (Kuhlmann, 2016; Zahariadis, 2016). Therefore, MSA supports that “policy outputs are neither exclusively rational nor solely a function of institutional

design; rather they depend heavily on a complex interaction between problems, solutions, and politics during fleeting open windows of opportunity” (Zahariadis, 2008, p. 514).

In this study, LTC has two sources of ambiguity, that is, the issue complexity and fragmented institutions. The issue complexity leads to ambiguity when the policy issues have become increasingly complex and contested (Ackrill et al., 2013; Zohlnhöfer et al., 2015; Kuhlmann, 2016). As reviewed, both population ageing and LTC are new policy domains in China concerning different social sectors, government departments, and groups of people. Furthermore, LTC policymaking took place in the transitional context in China, under which society is “in a state of flux, experiencing fundamental changes in core values as well as in political and social institutions” (Zahariadis 2014, p. 24). Therefore, LTC is a complex, evolving, and controversial policy domain in China, which involves conceiving the issue, seeking solutions, and making radical changes in values and institutions, all of which lead to high-level ambiguity and political contestation (Zahariadis and Exadaktylos, 2016). Besides, given the fragmented institutions, LTC examined in this study involves multiple government levels and units encompassing jurisdictional or departmental boundaries, resulting in institutional ambiguity (Ackrill and Kay, 2011; Lancaster et al., 2014).

Secondly, the independent and interactive streams constitute the key strength of MSA (Barzelay and Gallego, 2006; Zohlnhöfer and Rüb, 2016), which allows this study to investigate specific processes of LTC policymaking, as well as their interactions, thereby exploring the mechanism of coupling that causes different LTC policy responses. MSA conceptualises three independent streams, simplifying policymaking as three disconnecting subprocesses for investigation (Exworthy, 2008). They are separate from each other rather than evolving in “sequential order” (Bacchi, 2016), floating and evolving with their own dynamics and life cycles (Barzelay and Gallego, 2006; Robinson and Eller, 2010; Kingdon, 2011). Therefore, MSA requires a distinctive analysis of each stream to specify its dynamics. Meanwhile, as reviewed above, the causal link of MSA is the conjunction of the three streams. However, there are sequences and different interactions that form the mechanism of coupling that determines different outcomes (Barzelay and Gallego, 2006; Kingdon, 2011; Zohlnhöfer et al., 2016). For example, both the problem and politics streams can join the policy stream in order to search for solutions which match a pressing problem (Kingdon, 2011); or the policy and politics streams can search for an appropriately defined problem in order to seek legitimacy for preferred solutions (Ackrill and Kay, 2011; Ackrill et al., 2013; Zohlnhöfer et al., 2016).

Besides, with the emphasis on ambiguity, MSA pays resolute attention to agents and their ideas, enhancing the ability to investigate specific policymaking processes. Through process-tracing, MSA captures multiple ideational processes: problem definition, policy formulation, and the work of policy entrepreneurs (Béland and Waddan, 2015; Béland and Howlett, 2016; McLaughlin and Wright, 2018). They are either independent streams, or part of the coupling process, or are incorporated in them. In this way, MSA explains ‘an idea whose time has come’ (Barzelay and Gallego, 2006; Kingdon, 2011; Howlett et al., 2015). Therefore, MSA is considered a critical part of the literature on ideas (Baumgartner, 2014; Cairney and Weible, 2015).

Thirdly, with the analytical starting point of ambiguity, MSA seeks multiple-factor explanations for different LTC policymaking experiences, given its synthesis of the multiple causal factors of policymaking. On the one hand, MSA captures complex interactions between agencies or interests, institutions, and ideas (Ackrill et al., 2013; Baum et al., 2014), thereby offering a conceptualisation of the relationship between multiple causal processes (John, 2003; Sabastier and Weible et al., 2014). In this way, MSA has the potential to explain the different policymaking processes and results (Cairney and Jones, 2016). On the other hand, MSA incorporates three streams. Each independent stream, as a subprocess of policymaking, becomes either the driving force or the hindrance of policymaking by moving a proposal on or off the agenda, and their coupling places an item firmly on the decision agenda, thus causing drastic change (John, 1999; Kingdon, 2011). From both sides, MSA advocates the interaction of multiple factors that determine policymaking results, distinguishing it from structural analysis, rationalism, and institutionalism, all of which support single-factor decisionism.

3.5.3 Critiques and modifications

The wide application of MSA has proved that MSA is a useful theory for understanding the policy process. In particular, three advantages of MSA provide the rationale for this study to adopt it. However, MSA faces criticisms, such as the independence of the three streams, the relative importance of each stream, and the role of institutions. Researchers make efforts to modify the original MSA, mainly through an institutional approach. These critiques and refinements are related to MSA's ability to explain different LTC policymaking experiences in Beijing and Shanghai, including investigating the specific processes of LTC policymaking and identifying the policymaking approach and key influencing factors.

Firstly, analytically and empirically, the assumption of the independence of problems, policies, and politics has proved problematic. Kingdon (2011) agrees that the three streams are 'largely' independent, indicating their relative independence and systematic and adaptive interaction (Béland and Howlett, 2016). From the institutionalist perspective, problems, policies, and politics connect through institutions that filter problems, structure policies, and influence politics (Spohr, 2016). Historical factors, such as policy paradigms, shape social learning processes that affect problem construction, thus previous policies influence the three streams in later policymaking (Béland, 2005). Particularly, policy entrepreneurs acting in three streams jeopardise the analytical separation of the three streams (Knaggård, 2015). Empirically, overlapping participants in three streams challenge the independence assumption: for example, researchers and practitioners in both the problem and policy streams of Australian drug policymaking (Lancaster et al., 2014); the same groups of participants in both the problem and policy streams of Canadian community policymaking (Robinson and Eller, 2010; Nowlin, 2011); and political parties in both policy and political streams (Zohlnhöfer, 2016). Besides, the political stream cannot separate from the other two streams since most policy problems are used to reconcile varying values (Head, 2008; Blackman et al., 2017).

Secondly, the interdependence of the three streams in MSA brings into debate their relative importance to policymaking. Kingdon (2011) believes that problem recognition and definition

significantly affect policymaking outcomes, and MSA faces criticism for overstating the role of problem construction (Colebatch, 2006; Jann and Wegrich, 2006; Howlett et al., 2015). However, placing an emphasis on policy entrepreneurs reduces the importance of the problem stream, as it tends to equate the results of problem agenda-setting to problem definitions (Knaggård, 2015; Reardon, 2015). Differently, a contingent view suggests that there is no systematic connection between a problem and a solution, and the appearance of the dominant streams and the way in which three streams interact with each other is subject to the particular context (Howlett et al., 2015; Zohlnhöfer and Rüb, 2016). Empirical studies have found that the strength and configurations of individual streams, and the degree of their convergence, bring about varying policymaking outcomes (Exworthy et al., 2002; Boswell and Rodrigues, 2016). Policymaking can take place independently of the policy problem, or can involve different conceptualisations of the problem: for example, conceptualisations of disability shaped Israeli employment policies at different stages (Holler, 2017); and a problem stream and a political stream successively dominated foot and mouth disease policymaking in the UK (Howlett et al., 2015). Then, in terms of policy stages, researchers differ significantly, suggesting that in different stages of policymaking, the third stream is present, but loose coupled. For example, policy formulation involves coupling policies and politics while policy implementation involves policies and problems (Lemieux, 2002; cited by Ridde, 2009); or policy implementation engages problem constructions and politics, as the superordinate authority make policies (Boswell and Rodrigues, 2016); and politics is the most important during decision-making (Zohlnhöfer et al., 2016).

Thirdly, with the significance of agency, MSA has been subject to intense criticism for underplaying or even overlooking institutional dynamics (John, 2003; Barzelay and Gallego 2006; Robinson and Eller, 2010; Cairney and Heikkilä, 2014; Zahariadis 2014; Béland and Howlett, 2016; Spohr, 2016; Sætren, 2016; Zohlnhöfer et al., 2016; Reardon, 2018; Mu, 2018). MSA values the critical role of policy entrepreneurs in streams as well as in coupling. However, not only policy entrepreneurs but also the “homogeneity and size of the network” contribute to the success in gaining attention, framing policy problems, moving items to the top of agendas, and joining streams (Reardon, 2018, pp. 473–474). Furthermore, a wide range of applications to different institutional settings highlights how institutional differences were critical when a different political system, multi-level governance and cross-sectoral analysis are involved in policymaking (Boswell and Rodrigues, 2016; Zohlnhöfer et al., 2016). By tracing the origin of MSA, Sætren (2016, p. 21) believes that when developing MSA from the Garbage Can theory, ignoring the organisational–institutional connection to streams is the “most serious omission”. The political institutions and policy settings structure actors, shape the way policymakers construct, perceive and select policy alternatives, affect the use of entrepreneurial strategies, and largely determine what governments can do through policymaking (Dobbin, 2004; Béland, 2005; Spohr, 2016; Zahariadis and Exadaktylos, 2016; Mu, 2018).

Responding to the above critiques, researchers strive to manifest institutional variables in MSA, which are implicitly examined in each core component (Sætren, 2016; Zahariadis, 2016; Zohlnhöfer et al., 2016). In the problem stream, policy paradigms and institutional legacies influence problem construction (Béland, 2005; Zahariadis, 2016). In the policy stream, most

alternatives are grounded in policy paradigms that “constitute the structured intellectual background of policy decisions” (Béland, 2005, p. 6; see also Zahariadis, 2016). Furthermore, they are proposed and discussed in policy communities, and two criteria for the survival of policy alternatives are related to institutions as value acceptability highlights the fit between policy proposals and the existing structures (Rüb, 2009; Spohr, 2016). Therefore, Barzelay and Gallego (2006, p. 540) value MSA as a “situational, systemic, and contextual theory” by linking processual and institutional theories of policymaking. The political stream is mainly about structure and context, and institutions influence all political factors and activities (Zohlnhöfer et al., 2015; Spohr, 2016). In the coupling, the institutional context constrains the choice of entrepreneurial strategies (Zahariadis and Exadaktylos, 2016).

Dissatisfied with the implicit investigation, researchers attempt to add institutional variables to MSA to fit their cases. To highlight the context and balance the emphasis of policy entrepreneurs, Reardon (2018, pp. 473–474) refers to the network theory to examine the policy community in the problem stream, concluding that the “homogeneity and size of the network” contributes to the success of policy entrepreneurs in moving a problem up on the agenda and coupling the three streams. Similarly, Exworthy et al. (2002) identify that local policy networks and policy entrepreneurs influence the implementation of national policies at the local level. In the policy stream, Liu et al. (2010) and Zohlnhöfer and Rüb (2016) introduce ‘policy compatibility’ and ‘path-dependence’ as the criteria for the survival and selection of policy options, referring to the compatibility with state or federal policies and the related policy path respectively.

More than adding institutional variables to a single stream, the researchers also strive for incorporating institutional analysis throughout the MSA analysis. To highlight the importance of the formal political institutions during decision-making, Zohlnhöfer et al. (2015) reconceptualise two coupling processes, namely agenda-coupling for proposals and decision-coupling for policy adoption. Zahariadis (2016, p. 9) views this attempt as the “most elaborate”, enabling MSA to illustrate “how formal institutions shape the majority and rules, by which compromises are attempted and winning coalitions built”. Combining historical institutionalism and MSA, Spohr (2016) adopts the concept of ‘path dependency’ to analyse both path-dependent and path-departing policy changes in the British labour market. The refined MSA states that three criteria reverse the self-reinforcing process of institutions, including a paradigm change in the policy stream brought about by competitive pressure or learning effects, an opportunity window opened either in the problem or politics stream, and the entrepreneurial skills of path-shaping and blame-avoidance, leading to path-departing policy change.

From the perspective of policy implementation, organisational theory has been incorporated into MSA to put forward propositions of how sectors and lower-level governments implement national policies. The attempts in this regard assume that policy goals are crystal clear, allowing little space for a different interpretation. To analyse environmental policy implementation in a multiple-actor system in China, Mu (2018) refers to the Context-Performance Model to include the institutional context to examine goal congruence or conflict, as well as hierarchy-centralisation or network-decentralisation, thus analysing the impact of formal government organisations on policy implementers in central government

departments and local governments. Similarly, Boswell and Rodrigues (2016) introduce 'organisational problem constructions' and 'political support' to MSA to investigate the implementation of central goals at the local and sectoral level in the UK. Thus, MSA examines four modes of implementation caused by different combinations of good or bad problem fit and strong or weak political support, showing how the coupling or decoupling of streams influences the implementation.

3.5.4 A refined analytical framework

As noted above, MSA has significant advantages in answering the research question of this study, including the emphasis on ambiguity in policymaking and relatively independent but interactive streams. Furthermore, various amendments have effectively responded to criticisms of MSA on the missing of institutional elements, thereby enhancing its explanatory power from different perspectives. However, they are still either insufficient or inapplicable for this study. Most of the amendments to MSA are considered and tested in Western democracies, which are entirely different from the context of this study. Then, some systematic modifications allow MSA to investigate different types of policy implementation by sectoral or subordinate organisations, which resonate with this study. However, they are premised on the assumption of policy problem or goal clarity, which deviates from the analytical assumption of MSA, that is, ambiguity. In addition, some systematic amendments tend to add more variables to establish a four- or five-stream model (Howlett et al., 2015) or to re-conceptualise the coupling process. However, this type of amendment either makes MSA too complex to be applied to policy analysis or makes no fundamental difference from Kingdon's work on the two agendas.

Applying MSA in order to understand the policy process occurring in substantially different political institutions in China requires a thorough consideration of institutional features and thus comprehensive modifications to MSA. To analyse LTC policymaking of the two case study locations, and therefore advance MSA, this study reconstructed three streams by adding five factors, which fully incorporate the complex central–local dynamics in a politically centralised, financially decentralised and functionally fragmented system and power asymmetries in China. Specifically, in the problem stream, 'political pressure' from higher authorities is a critical factor influencing Chinese policymakers' conceptualisation of the policy problem. In the policy stream, 'stability' and 'policy responsiveness' are two criteria valued by Chinese policymakers to assess policy solutions. In this study, stability is a multi-dimensional concept referring to political, social, and financial stability (Zheng, 2002; Zhang, 2006; Wu and Li, 2006; Xing and Chen, 2007), and policy responsiveness refers to the "creation and implementation of timely, intentional, and effective policy actions" (Sogie-Thomas et al., 2018, p. 367). In the politics stream, 'political will' and 'power relations' are prominent factors shaping the political environments in China. In this study, 'political will' refers to the "extent of committed support among key decision-makers for a particular policy solution to a particular problem", including the four integral parts of preferences, intentions, understandings, and capacity (Post, Raile, and Raile, 2010, p. 659).

It is worth noting that the above conceptual modifications are not random in their adaptation to individual cases. Instead, they are derived from data collected by two case study sites and

justified through the institutional approach. Therefore, these modifications have effectively amended the core omissions of institutional factors in the original MSA and have thus enhanced its applicability in the Chinese context. The four analytical chapters will apply this refined MSA to analyse LTC policymaking in Beijing and Shanghai, and Chapter 9 will elaborate on the theoretical and empirical basis of these modifications.

3.6 Chapter summary

Since policy analysis was developed in the West, this chapter reviewed influential policy analysis theories in the West before examining the Chinese context of policymaking and dominant Chinese policymaking models and perspectives. The review informed the choice of MSA as the main theory for understanding LTC policymaking in China. In terms of three core processes of policymaking—namely, actors, institutions, and ideas—the review observed the interpretive turn in policy analysis in the West. Ideas have become the central analytical factor, shifting the focus of explanation from objectivity, rationality, and decisionism to subjectivity, bounded rationality, contingency, and context.

The essential context for applying Western theories is the Chinese political system, that is, a mix of political centralisation and fiscal decentralisation and thus complex central–local relationships. Under this general context, social policy has gained independent status and has witnessed the rise of Moderate Universalism in China. However, social policy has paid limited attention to population ageing and LTC, in particular the omission of LTC policymaking that unrealistically implies a depoliticised process, by which LTC needs are translated into LTC policies straightforwardly.

Turning to the broad literature of Chinese policymaking, further review finds that the interpretive turn occurring in the West is observed weak in China, and leadership power, institutions, and rationality still dominate policy analysis. These dominant accounts demonstrated critical knowledge gaps in addressing the research question of this study. The trend of pluralistic participation in Chinese policymaking challenges elitism that highlights the power concentration on political elites. Emphasis on stability, path dependency, and decisionism weakens the ability of institutionalism to explain different LTC policymaking experiences in Beijing and Shanghai and improve policymaking practice. Rationality explanations ignore the diverse and highly politicised process of the social construction of reality.

Given the knowledge gaps and the research question, this study employed MSA to understand the LTC policymaking process in Beijing and Shanghai for its four advantages: the ability to deal with the ambiguity that characterises LTC; to examine concrete processes of LTC policymaking by conceptualising independent subprocesses and incorporating ideas; to identify different mechanisms that determine policymaking results by examining different types of interactions between the three streams; and to seek a multi-factor explanation to capture a complete picture of LTC policymaking in China. Given the advantages and criticisms of MSA, this study modified MSA by adding five factors to the three streams to adapt to the Chinese context.

The theories tell us probabilities and possibilities, such as that policymaking can be stable or unstable, while research needs to establish what exactly happens (Cairney, 2012). Engaged with knowledge gaps, MSA, and its critiques and amendments reviewed in this chapter, the first three empirical chapters (Chapters 5, 6, and 7) will analyse the national strategies for LTC provision and their implementation in Beijing and Shanghai by examining specific processes of LTC policymaking in the two sites. Based on the findings, the fourth empirical chapter (Chapter 8) will analyse the interaction of these subprocesses of LTC policymaking in the two sites, thereby identifying their policymaking approaches. In this way, through conceptual modifications specific to the Chinese context, this study tests the applicability of MSA in China, providing a convincing explanation of LTC policymaking in Beijing and Shanghai.

Chapter 4. Methodology

4.1 Introduction

This chapter will discuss the methodological foundation for designing and conducting this research on the different experiences of LTC policymaking in Beijing and Shanghai. The methodological discussion aims to clarify the researcher's ontological and epistemological positions; determine the research approach; and elaborate on the sampling strategy, data collection methods and data analysis process. The researcher believes that any research method has its strengths and weaknesses, and choices need to be made throughout the research process. This chapter will elaborate on the trade-offs in data collection and data analysis and their underlying rationales. This chapter will also discuss the strengths and weaknesses of this research design, unique ethical issues encountered in the research process, and some reflections.

This chapter is organised as follows: Section 4.2 clarifies the ontological and epistemological positions of this study; Section 4.3 demonstrates the adoption of a qualitative approach; Section 4.4 justifies a purposive sampling of the research settings and participants, and the use of a snowballing technique to identify and recruit participants; Sections 4.5 and 4.6 address research methods in relation to data collection and data analysis, including the semi-structured interviews, and thematic analysis and comparative analysis; Section 4.7 highlights two critical or particular ethical concerns arising in the fieldwork. Section 4.8 reflects upon the impacts of the researcher's previous knowledge on this study and power imbalance between the researcher and elite participants. Section 4.9 discusses the key strengths and weaknesses of this research design. Section 4.10 provides a chapter summary.

4.2 Interpretivist philosophy

The philosophical assumptions have critical implications for this study. They constitute the foundation of research, and different philosophies entail corresponding research methods to conduct certain types of inquiry (Hay, 2002; Ritchie et al., 2014). Classic paradigms, which embody ontological and epistemological assumptions and provide a broad framework of philosophical and theoretical ideas, are realism and constructivism (King and Horrocks, 2014; Blaikie and Priest, 2019). This study adopted an interpretivist philosophy, underpinned by ontological and epistemological constructivism.

Ontology is about the nature of reality and its characteristics, including claims about "existence, appearance, constituent units, and how these units interact" (Blaikie, 1993, p. 6; cited by Hay, 2002, p. 61). The central issue of ontology is whether reality is objective and independent of human conceptions and interpretations or socially constructed by the perceptions and actions of social actors; and consequently, whether social reality is shared or multiple and context-specific (Ormston et al., 2014; Bryman, 2016). Ontological constructivism assumes that social reality is a meaningful, multi-dimensional construction, inseparable from the individuals "'knowing" that reality (Bradley, 1993, p. 432; see also Delanty, 1997; Crotty, 1998; cited by Tuckett, 2005). In the process of constructing reality,

individuals attach multiple meanings to the social world based on their lived experience in a specific context and through interactions with others (Thorpe and Olive, 2016; Creswell and Poth, 2018). Therefore, the world is created differently rather than just there (Holstein and Gubrium, 2011). With the multi-dimensional view of social reality, constructivism believes that research should strive to report different perspectives of social reality as “...our understandings...may be inadequate if we view these phenomena only along a single continuum” (Mason, 2002, p. 10).

Epistemology is the philosophy of knowledge, addressing the conditions of acquiring knowledge (Hay, 2002). It answers a set of questions, including what is considered knowledge, how are knowledge claims justified, and what is the relationship between the researcher and the researched (Creswell and Poth, 2018)? This study adopted epistemological constructivism rejecting an objective truth to be discovered (Delanty, 1997). Constructions experienced as reality reflect people’s “understandings of their experiences as well as the diverse situations in which they have them” (Charmaz, 1990, p. 1161). Cognitive structures (or the structures of science) are the only way to know social reality (Delanty, 1997), stressing the important role that interpretation and observation play in understanding the social world (Ritchie et al., 2014). By thought activities, people select and attach different interpretations and meanings to facts and events gained from their experience, thereby forming multiple realities (King and Horrocks, 2014).

Knowledge is socially constructed and shaped by specific contexts. Hence, it is “local, contextual, and provisional rather than universal and eternal” (Yanow, 2000, p. 17). This context-shaped knowledge view distinguishes constructivism from realism (Delanty, 1997). Essentially, knowledge is actively constructed by human beings through interaction with others, and meaning is created in the process of social interaction (Sparkes and Smith, 2009; King and Horrocks, 2014; Ritchie et al., 2014; Bryman, 2016). “Knowing through dialogue, negotiation, and sharing the world” between individuals indicates that humans and their behaviours should be understood in terms of socially constructed knowledge (Slife and Williams, 1995, p. 82). Furthermore, since lived experiences take place in a particular historical and social context, epistemological constructivism holds that knowledge is historically and culturally positioned (King and Horrocks, 2014). For example, the logical meaning is subject to culture in the society where it is created (Slife and Williams, 1995), and the rules of social life are specific in culture, space, and history (Hay, 2002).

In this study, LTC policymaking in China was studied as a social construction. That is, the LTC policy responses of Beijing and Shanghai were socially constructed and mediated by actors and institutions, and therefore were “highly contingent on a series of experiences and on other individuals who influence the process” (Bosley et al., 2009; cited by Bryman, 2016, p. 490; Abraham, 2011). Setting out to create knowledge of Chinese LTC policymaking, this study stressed the importance of understanding the lived experiences of LTC policymaking from the perspective of the participants and grasping the subjective meaning of their behaviour (King and Horrocks, 2014; Bryman, 2016). Therefore, it explored the subjective experience of central government officials and local policymakers in Beijing and Shanghai in the LTC policymaking process, thereby obtaining subjective evidence on LTC policymaking in China

(Ritchie et al., 2014; Creswell and Poth, 2018). These lived experiences included how policymakers conceptualised the LTC problem, how they perceived proposed solutions to LTC provision, and how they conceived the political context for LTC policymaking in Beijing and Shanghai.

Comparing the two classical paradigms of constructivism and realism clarifies the philosophical position of this study. As Manson (2002) suggests, the best way to grasp the ontological position and work out its implications for the research is to examine alternative or rival perspectives. The fundamental difference between the two paradigms is the perception of the way the world exists. Unlike constructivists, realists conceive a real world or an external reality “existing independently of our conceptions of it” (Creswell and Poth, 2018, p. 23). Establishing objectivity of the social, realists then suggest a distinction between facts and values, that is, the “way the world is, and the meaning and interpretation of that world held by individuals” (Ritchie et al., 2014, pp. 4–5). Believing in the existence of realities underlying knowledge, the realists advocate the objectivity of science as a form of knowledge and universal laws for natural and social worlds (Slife and Williams, 1995; Delanty, 1997; Ritchie et al., 2014). Since the world is a universe of facts independent of our beliefs, constructions, and understanding, the observer’s task is to describe it based on their value-neutral observations (Blaikie and Priest, 2019). The diversity observed in this study firmly denied the objectivity contended by realism. This study originated from the observation of different LTC policies across local areas of China when implementing the same national strategies for LTC provision. Furthermore, it observed that perceptions of LTC policymaking held by policymakers with different identities varied significantly, such as problem definitions, proposed solutions, the advantages and disadvantages of these solutions, and the deep thoughts behind these solutions.

4.3 Qualitative approach

This study adopted a qualitative approach that is primarily related to the high match between the objectives of this study and the intellectual goals that qualitative research can achieve (Maxwell, 2013; Ritchie et al., 2014), that is, producing an explanatory understanding of LTC policymaking in China. The impetus for this study was the observation of dissimilar experiences of LTC policymaking across China. However, the literature review highlighted the absence of LTC policymaking in social policy and the inability of mainstream Chinese policymaking models to address the research question. To solve the deficits, the purpose of this study was to explore, describe, understand, and explain the LTC policymaking process in China (Delanty, 1997; Ritchie et al., 2014), thereby understanding the “complex interrelationships among all that exists” in this policy domain (Stake, 1995; cited by Ritchie et al., 2014). This purpose involves the search for an explanatory understanding that combines understanding and explanation in a unified approach, namely, the “interpretive understanding of social action” (Bryman, 2016, p. 30; see also Delanty, 1997; Sayer, 2000; Ritchie et al., 2014). Therefore, this study aims to establish relationships between factors and specific LTC policymaking outcomes by identifying the processes, and their interactions, which produce the social phenomenon and searching for “motivations to explain social action” (Delanty, 1997, p. 49; see also Mayntz, 2004; Gläser and Laudel, 2019).

The qualitative research underpinned by constructivism achieved the above purpose and therefore answered the research question. By exploring the retrospective experiences of LTC policymaking in China, this qualitative research provided “an explanation of human behaviour and empathic understating of human action” (Bryman, 2016, p. 30). The qualitative research embraces “richness, depth, nuance, context, multi-dimensionality, and complexity”, focusing on the “socially constructed character of lived realities” and thereby “excelling at illuminating context and process as a route for explaining actions and events” (Barbour, 2001, p. 322; Mason, 2002, p. 1; Holstein and Gubrium, 2011, p. 341). These features greatly fit the core of this study, that is, to “understand the processes of constructing a shared understanding of what is to be considered and collectively responded to as a threat” (Waever, 2004, p. 3; cited by Abraham, 2011, p. 799), such as the LTC problem definitions, proposed solutions, and political contexts for action. Therefore, it allowed the researcher to explore a wide range of aspects of the social world and offer a thick description and an in-depth understanding of the context of LTC policymaking in China (Mason, 2002; see Chapters 5, 6, and 7). Furthermore, this study aimed to understand why a social phenomenon occurred and to investigate the driving forces and influences behind it (Ritchie et al., 2014, p. 32). For example, why did Beijing witness a relatively stable LTC policymaking process while Shanghai experienced a drastic change? Since policymaking outcomes result from “social interactions, negotiations, and power” (Charmaz, 1990, p. 1161), this qualitative research with a constructionist approach can reveal these complex interactions between the natural world and LTC policymakers in China (Abraham, 2011).

4.4 Sampling strategies

After elucidating the philosophical positions and qualitative research approach, this section will elaborate on specific research methods for data collection and data analysis in this study, starting with a purposive sampling strategy. In this study, a purposive sample refers to the selection of settings and participants based on “characteristics or attributes likely to be relevant and give rise to differing accounts” (Barbour, 2007, p. 16), and the purposes of this study and the researcher’s knowledge of the population guided the process (Tansey, 2007). To recruit more participants, this study also employed snowballing strategies through reputation and personal connections.

4.4.1 Purposive sampling of sites

Beijing and Shanghai were purposively selected as the two research settings for this study by virtue of their “properties and capacity to illuminate the process” of LTC policymaking in each site (Barbour, 2007, p. 28). Properties included the essential elements for studying LTC provision, the possibility of using process-tracing, analytic potential by facilitating comparison, and research operationalisation. Firstly, Beijing and Shanghai provided boundaries and richness of policy settings. Before commencing the research, a core research setting should be selected, which is “bounded, rich, and to different degrees, microcosms in that within each one most of the issues of the whole project are acted out” (Holliday, 2007, p. 36). Beijing and Shanghai fulfilled all project-setting elements as they introduced policies related to LTC funding mechanisms, LTC delivery, and corresponding policy pilots as a response to the central instructions.

Secondly, data access and richness turned the possibility into reality. As stated previously, this study aims to explain the LTC policymaking process in China, meaning “retrospective process-tracing” to identify the relationship between “an independent variable or variables and the outcome of the dependent variable” (Mayntz, 2004, p. 244). However, the process-tracing method demands massive amounts of data to understand the complex policymaking experience (Bennett and George, 2005). Furthermore, social constructivism contends that the policymaking experience is socially constructed, and humans assign meanings to it within the cognitive process (Charmaz, 1990; Bradley, 1993; Delanty, 1997). It also requires rich data to study the assigned meanings by different actors. Due to the researcher’s work experience in China MOCA and China Philanthropy Research Institute of Beijing Normal University (CPRI), this study selected Beijing and Shanghai to ensure rich data for process-tracing. China MOCA has set Shanghai as an ideal model for home care, and CPRI is the core policy consultant for Beijing MOCA. Both experiences helped build up connections with policymakers in the two sites, thereby ensuring data access and quality. It has proved that large volumes of data generated from the two sites allowed this study to reveal the vastly different LTC policymaking process between Beijing and Shanghai.

Thirdly, Beijing and Shanghai allowed an instructive comparison of LTC policymaking due to their sharp contrast of similarities and policy discrepancies. The comparative design is one of the five research designs that are built into qualitative research, and cross-society comparison advances science (Slife and Williams, 1995; Bryman, 2016). Moreover, the cross-case comparison is a concrete methodological step towards revealing the patterns of human action (Mahoney, 2000; Tansey, 2007; Bryman, 2016; Gläser and Laudel, 2019), and sampling as a means ensures comparative potential, thereby enhancing “analytic potential and the ability to interrogate theory” (Barbour, 2007, p. 28). In this study, the designed samples should allow for the comparison of cases, groups, outcomes, or other issues that may emerge from the data (Ritchie et al., 2014), and Beijing and Shanghai are highly comparable samples. As reviewed in Chapter 2, the two sites shared prominent commonalities in multiple dimensions; however, their policy response to the central instructions on LTC varied substantially. The contrast significantly enhanced the comparative potential of this study to establish convincing explanations for different policymaking experiences. Comparison “accessed and interrogated structural features” of LTC policymaking in the two sites, therefore ruling out the possibility of the similar structural factors to explain different policy responses, and offering the opportunity for other explanations (Barbour, 2007; Schmidt, 2008). Besides, qualitative research highlights the intimate connection between particular contexts and explanations on how things work, indicating that qualitative research can generate cross-contextual inference (Mason, 2002; Waller, Farquharson, and Dempsey, 2016). Therefore, the comparison allowed this study to generate cross-context implications of research findings on LTC policymaking in China.

Fourthly, the operationalisation of this study accounted for a good reason for selecting Beijing and Shanghai. Social constructivism can integrate both micro and macro contextual elements in the study and qualitative research embraces the richness such elements reveal (Mason, 2002; Barbour, 2007; Ritchie et al., 2014). Therefore, qualitative research requires a high degree of active engagement and a lot of intellectual, practical, physical, and emotional effort,

only through which a detailed description of the lived experience in policymaking is possible (Mason, 2002). However, the scale of the Chinese government system, as well as the intertwined relationships that exist within, indicate the complexity of Chinese LTC policymaking as reviewed in Chapter 3. With the demanding nature of qualitative research, the complexity of Chinese LTC policymaking, and the limited resources for conducting this research, it is essential to determine the trade-off between coverage, analytical power, and the depth of insights obtained. Through purposive sampling, this study chose the latter two dimensions at the cost of relatively small coverage. It is worth noting that the trade-off did not undermine the credibility of this study. In contrast, Beijing and Shanghai's leading role in social policy strongly suggests that studying the two sites can generate more generous implications for Chinese LTC policymaking. In China, Beijing and Shanghai are the two most developed areas measured by multiple terms and thus viewed as a role model of social governance (see Chapter 2). Consequently, Beijing and Shanghai become the main source of policy learning for other localities in China. Given the role model effect, the local policies explored by Beijing and Shanghai are more likely to be transformed into national policies.

4.4.2 Purposive sampling of participants

This study employed a mixed approach to identifying and recruiting participants, consisting of a purposive sampling strategy and snowballing techniques. To reveal the policymaking process, this study needed to gain data on an insider view “along with the symbolic practices, meaningful beliefs, and ordinary emotions” held by policymakers (Roberts, 2014, p. 4). A mixed approach avoided any “systematic error caused by accessing certain types of respondents” (Goldstein, 2002, p. 669) and omitting unknown and hard-to-reach participants.

Purposive sampling of participants served the purpose of this study, which is to reveal and explain the LTC policymaking process in China. Underpinned by social constructivism, this study tended to achieve the above purpose by gaining perceptions and insider views from LTC policymakers. In terms of “relevance to the research question” (Bradley, 1993, p. 440), two criteria identified these view holders: direct participation in LTC policymaking in any aspect and information richness (Bradley, 1993), which is more likely to be achieved when samples are key position-holders as they obtain rich information about this political activity (Goldstein, 2002). Therefore, they narrowed the samples down to key policymakers who hold structural positions relevant to the research (Bryman, 2016). To specify the sample and build a sampling frame, this study examined the Chinese policymaking process in the literature as well as in practice to identify key decision-making points and participants. Conceptually, the purposive sampling strategy is to select participants according to “characteristics thought by the researcher to be likely to have some bearing on their perceptions and experiences” (Barbour, 2007, p. 20). Hence, it depends on a detailed knowledge of the phenomenon (Barbour, 2007), namely, how Chinese policymaking proceeds. The researcher acquired this knowledge from the literature and work experience.

A literature review on ageing and LTC policies identified that MOCA, HRSS, and NHC are the three major responsible government departments with different focuses in line with their statutory responsibilities. Informed by a five-stage policy cycle and her own working

experience at CPRI and China MOCA,¹⁹ the researcher outlined a general policymaking process, which usually includes drafting policy text by the responsible department with communication with relevant departments, approval by all relevant departments or the superior departments and implementation. In practice, once the policy draft is released for cross-departmental discussion, it usually means the main body of policy text has been finalised by the responsible department (or jointly with highly relevant departments) and only minor or technical revisions are expected, indicating the importance of the drafting phase. In this phase, the main activities include identifying the policy issue, preliminary discussions on the issues and potential solutions, field investigations to understand the current situation,²⁰ and the drafting of policy text, which involves three types of policymakers, namely, government officials, researchers, and service providers. Theoretically and empirically, the government plays “an overwhelmingly strong role” in Chinese policymaking (Wong, 2004, p. 151), and therefore key officials have a decisive impact on policy change (Zhang, 2012), in particular, (deputy) directors as policy drafters at all levels of government.²¹ Think tanks and researchers increasingly participate in Chinese policymaking (Think Tank Research Centre of SASS, 2013), evidenced by the establishment and expansion of the public budgets for policy consultation projects. Service providers usually participate in policymaking as ‘industry experts’ at the invitation of the government. Moreover, some influential service providers are members of the National People’s Congress (NPC) or the Chinese People’s Political Consultative Conference (CPPCC), giving them the legal right to make policy proposals directly to the government.²²

With the above knowledge, this study built a sample frame (Table 12), which included government officials from three major functional departments and related researchers both at the central and local levels, as well as key LTC service providers in Beijing and Shanghai. Therefore, the sample frame covered every step and every type of policymaker in the drafting process. The total number of intended participants was estimated at around 30, ensuring ten for each setting and at least one participant for each position. Given MOCA’s long involvement in the ageing policy field and more connections to the MOCA system, the researcher expected relatively more participants from the MOCA system.

Table 12 Sample frame (designed)

Levels/ Locations	Government officials	Researchers	Service providers	Quantity
The central government	Policymakers from China MOCA	Researchers from research organisations within/outside the government system	-	4
	Policymakers from China HRSS		-	3
	Policymakers from China NHC		-	3

¹⁹ Including policy consulting for the government and a secondment to China MOCA.

²⁰ The sequence of the second and third steps depends on whether the information is sufficient for a preliminary discussion.

²¹ No official statement, but a commonly accepted fact.

²² Some policy suggestions/proposals for improving social care and increasing LTC provision replied by the researcher were from service providers from Zhejiang and Guangdong Provinces, and Hong Kong Special Administration Region.

Beijing Municipality	Policy makers from Beijing MOCA	Researchers from research organisations within/outside the government system	Service providers associated with Beijing MOCA	4
	Policy makers from Beijing HRSS		-	3
	Policy makers from Beijing HC		Service providers associated with Beijing HC	3
Shanghai Municipality	Policy makers from Shanghai MOCA	Researchers from research organisations within/outside the government system	Service providers associated with Shanghai MOCA	4
	Policy makers from Shanghai HRSS		-	3
	Policy makers from Shanghai HC		Service providers associated with Shanghai HC	3
Total	17	9	4	30

4.4.3 Snowballing technique

With a purposive sample frame based on positions and roles in LTC policymaking, this study then employed the snowballing technique to recruit participants. Although it is difficult to predict the recruitment of intended participants in the fieldwork, given the awareness of undiscovered policymakers and hard-to-reach policymakers, the decision was made to use the snowballing technique, including the reputational snowball and tracing the interviews. Reputational snowballing was conducted throughout the fieldwork and benefited from personal networks. During the fieldwork from July to December 2018, the researcher went back to her former employer, CPRI, and took up the role of visiting researcher from the University of Bath under the ‘International Research Funding Scheme’, thus gaining the opportunity to reach out to colleagues, friends, acquaintances, and purposively selected participants to seek the recommendation of any eligible participants for this study. Then, tracing the interviews did lead to additional contacts as the interviews provide crucial information about the main participants and where to search for further information (Goldstein, 2002, pp. 670–671). At the end of the conversations, the researcher invariably asked participants whether they were willing to recommend anyone who met the criteria for this study. However, this attempt rarely succeeded, as participants were generally reluctant to do so unless they had disclosed the information in their previous accounts. On those occasions, the researcher followed up to confirm and gain access to potential participants.

The participant recruitment evidenced that a mixed sampling strategy was effective and successful. In the fieldwork, the research contacted 33 persons and succeeded in generating 25 sets of interview data. A comparison of Tables 12 and 13 showed that 83% of the intended participants were approached and interviewed. Among these successful access attempts, over 50% of the accessed participants were identified through snowballing. Despite great endeavour, some of the desired participants were still not available for various reasons, including no access to them at all (China HRSS and (deputy) mayors in Beijing and Shanghai); nonresponse or rejection from director-level officials (China NHC and China MOCA); nonresponse from a researcher (CASS); termination of interview (Beijing HRSS); resistance to recorded conversation (Beijing MOCA); and last-minute rejection of using data in this research (China NHC).

Table 13 Accessed samples (after fieldwork)

Level/ Location	Organisations	Types of participants	Sampling strategies	
The central government	China MOCA	Gov. official	purposive	
	China MOCA	Gov. official	purposive	
	China MOCA	Gov. official	purposive	
	China MOCA	Gov. official	purposive	
	China NHC	Gov. official ²³	purposive	
	China NHC	Researcher	purposive	
Beijing Municipality	Beijing MOCA	Gov. official	purposive	
	Beijing MOCA	Gov. official	purposive	
	University	Researcher	purposive	
	Beijing HRSS	Gov. official		snowballing
	Beijing HRSS	Gov. official		snowballing
	CASS	Researcher		snowballing
	University	Researcher		snowballing
	Non-profit	Service provider	purposive	
Shanghai Municipality	Shanghai DRC	Gov. official		snowballing
	Shanghai MOCA	Gov. official		snowballing
	Shanghai MOCA	Gov. official		snowballing
	Shanghai MOCA	Gov. official		snowballing
	Shanghai HC	Gov. official	purposive	
	Shanghai HC	Gov. official		snowballing
	Shanghai HRSS	Gov. official		snowballing
	Shanghai HRSS	Gov. official		snowballing
	University	Researcher		snowballing
	Non-profit	Service provider		snowballing
	Private company	Service provider	purposive	
Total			12	13

4.5 Semi-structured interviews

This section will elaborate on the methods designed to generate data and the concrete practices of data collection in fieldwork. Given the research question and the specific context, this study employed semi-structured interviews to gain subjective data in China. Policymaking, as the object of this study, is the process of struggle among different policy meanings (Taylor, 1997), and knowledge of policy should be local and provisional, emphasising its contextual nature (Yanow, 2000). When comparing three interpretive methods to gain data on meanings in the context, it appears that interviews have advantages over document analysis and

²³ Researchers working at research institutions affiliated with the government were grouped into government officials and researchers in terms of their specific roles.

observations in answering the research question. Policy documents are the result of struggle, but they do not record the struggling process to answer 'how' questions, the unique context in which struggling takes place, and underlying assumptions behind the policy (Taylor, 1997; Mason, 2002; Philips and Hardy, 2002; Campbell, 2004, pp. 93–94; cited by Schmidt, 2008, p. 306). Furthermore, this study aims to examine "what concrete actions come out of the political realm" (John, 2012, p. 1), requiring research on different policymakers and their behaviour, as no matter how many factors influence policymaking, it is the actors who make the decisions. However, the existence of this information is not obvious and there are sensitivities around this when talked about in public. Contrarily, interviews in the form of conversation are more appropriate for discussing 'sensitive' topics (Barbour, 2007, p. 15) such as policymaking. Also, interviews allow for probing questions in-depth and generating data on the context interpreted by insiders, thereby producing a great deal of information about the studied practice and process (Innes, 2001; cited by Hammond, 2013; Philips and Hardy, 2002; Mason, 2002).

Before commencing the fieldwork, an interview schedule was completed consisting of five general interview questions, along with tools and materials, and a rough timetable of fieldwork by month. Designed to direct "a conversation with a purpose" (John Michael, 2014, p. 4), interview questions set the tone for the interview, allowing participants to focus on the most important issues according to their perceptions rather than the researcher's agenda or interests (Charmaz, 1990; Barbour, 2007). Furthermore, "the incisiveness of the analysis" relies on "developing suitable questions and knowing when to ask them" (Charmaz, 1990, p. 1167). The topic and the theoretical perspective of this study informed the interview questions (Charmaz, 1990; Green et al., 2007), which stuck to the policymaking process. Meanwhile, to avoid being overly directive, interview questions were presented as a range of broad and open subjects in the conversations (see Appendix 2). Narrative interviews with policymakers who participated in LTC policymaking in the central government departments, Beijing, and Shanghai took place between June and December 2018. Following the principle of "being there" (Goldstein, 2002), the fieldwork was divided into three phases, starting with Beijing between June and October 2018 where most purposively sampled participants resided. Then, it moved to Shanghai between October and November 2018. Towards the completion of the fieldwork, the last month focused on checking the previous interviews for omissions. During the fieldwork, travel occurred between the two sites, depending on the scheduled meetings.

Throughout the fieldwork, the interview format (rather than procedure and content) was characterised by informality and flexibility. Informality in the interviews suggested that interview practices should be adaptive to the context in the field instead of the protocols, given the gap between the "ideal of practicing social research in the literature and the experience in the field" (Heimer and Thøgersen, 2006; Hammond, 2013, p. 125). It also confirmed that '*Guanxi*' remains a central feature in Chinese society, allowing trust to be built and maintained (Nickum, 2010, p. 544; Duckett, 2019). Regarding interview arrangements, both the researcher and the participants in this study heavily relied upon informal contact. Mason (2002) finds that "formal contact appears to be alarming and sensitive" (p. 66). In this study, all intended participants were approached via text messages, WeChat, face-to-face

conversations, and phone calls, and a vast majority of them were contacted and communicated through WeChat. Unlike the literature, email was not a contact tool at all in this study. The priority of informal contact was imperative in the Chinese context. Practically, WeChat was the most popular social media tool for formal and informal communication in China. More profoundly, as noted above, none of the intended participants gave access purely because of the project or LTC as their responsibility, indicating a private sphere and thereby informality. Besides, participants informed by a brief introduction of this study in initial contact did not request sending interview questions in advance, indicating that they were expecting an informal, conversational interview rather than a task (Berry, 2002).

Flexibility was the response when faced with a less controllable situation, thereby serving the objective of extracting as much valuable data as possible under different circumstances. One context, that the time allocated was always insufficient, has to be taken into account in this study. Despite following the same interview instruction, this study allowed for a flexible ordering of different types of interview questions, such as informational, reflective, and 'feeling' questions, which significantly benefited data collection (Charmaz, 1990), depending on the interviewee and the corresponding situation. In this study, intended participants were elites from different areas, who often had "last-minute breaks in their schedules and being on the ground and ready to interview at a moment's notice" (Goldstein, 2002, p. 671). Furthermore, 22 out of 25 interviews took place in the workplace during office hours,²⁴ for example, in meeting rooms, inner-bars, or offices. This office context meant that they could become distracted by their duties, such as attending meetings, responding to inquiries in person and via email, answering phone calls, especially when their superior officials made such demands. To gain valuable data with strict time constraints, the researcher usually moved quickly from the informational question to the reflective and feeling questions, which were considered questions with a higher payoff (Berry, 2002). This strategy may have undermined the completeness of the data; however, it was the trade-off this study had to make.

Most interviews lasted around 60 to 120 minutes (20/25) as expected; however, the length varied considerably depending on interview situations. For example, the interview with a Beijing participant only lasted 41.56 minutes due to his/her tight schedule. Another interview with a Shanghai participant lasted 28.05 minutes due to a lack of trust. This interview was arranged by taking advantage of a national conference, and it was the first time the researcher and participant had met. Without a close personal link and therefore trust, this participant was unwilling to go into detail and tended to hide stances by making neutral and vague statements and minimising his/her role in policymaking. Hence, this interview ended quickly. It is worth noting, however, that a short interview did not necessarily mean a low-quality interview. By prioritising interview questions and focusing, these short conversations also produced valuable data. For example, this Shanghai participant revealed that capacity constraints affected the conceptualisation of the LTC problem at the early stage.

All interviews were recorded by the researcher's mobile phone, and some were recorded simultaneously with a recording pen in case any equipment went wrong. Both types of

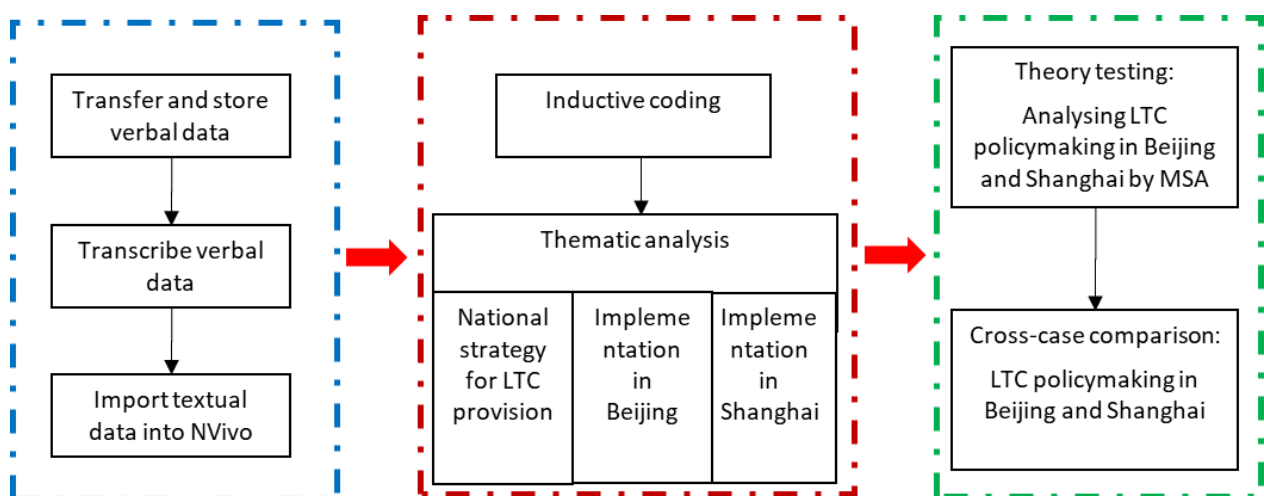
²⁴ The locations for the other three interviews were a restaurant, a library, and a café in Shanghai.

recording equipment were placed on the table to alleviate participants' suspicion. Like the consent form, the protocol of recording brought risks to interviews by creating an 'alarming and sensitive' atmosphere (Mason, 2002, p. 66). It failed two access attempts in Beijing: after being informed of the requirements, one from Beijing MOCA firmly rejected an approach, and the other from China NHC refused to be recorded but agreed to let the researcher make notes. On that occasion the interview was conducted in a shopping mall after his/her office hours. However, when the researcher sought consent to use it as data in this research via WeChat, the participant refused firmly. Although this protocol presented significant obstacles and caused failed attempts, it was essential for qualitative research with credibility, and the researcher did not find any other options. Therefore, the trade-off was to give up prospective participants who refused a recorded interview in this study.

4.6 Data analysis process

After illustrating data collection methods, this section proceeds to elaborate on the data analysis process. An account of the "careful, rigorous, analytical" process of data analysis demonstrates transparency and thereby trustworthiness as rigorous data analysis is not only necessary for the research but also critical for generating good evidence (Bradley, 1993; Fereday and Muir-Cochrane, 2006; Green et al., 2007, pp. 546, 549). Although there are no rigid rules or procedures, data analysis generally consists of data aggregations and abstractions through "questioning, comparing, and searching for anomalous cases", aiming to identify patterns, themes, and concepts, and to construct hypotheses (Bradley, 1993, pp. 443–444). Specifically, this study undertook thematic analysis and comparative analysis, and aimed to produce a detailed description of national strategies for LTC provision and their implementation in Beijing and Shanghai, and to make general statements on Chinese LTC policymaking. To illustrate this comprehensive, complex, and abstract process, a chart drawn in Figure 2 showed each step of the data analysis in this study, consisting of thematic analysis in three settings (the central government, Beijing, and Shanghai), and a cross-setting comparison of Beijing and Shanghai.

Figure 2 Analytic process of data analysis



4.6.1 *Thematic analysis*

This study undertook thematic analysis in each setting, gaining a comprehensive understanding of national strategies for LTC provision and their implementation in Beijing and Shanghai. Referring to a six-process reflexive thematic analysis (Braun and Clarke, 2020) and other similar processes of coding and theme construction (Fereday and Muir-Cochrane, 2006; Green et al., 2007; Noble and Smith, 2014; Vaismoradi et al., 2016), thematic analysis in this study consisted of three phases: transcribing the interviews; systematic data coding; and generating, refining, defining, and naming themes. Starting with data transfer and transcribing, intensive data analysis commenced after the fieldwork. Adhering to data management principles, all 26 recordings in Chinese²⁵ were permanently moved from the researcher's personal mobile and recorder and stored in Drive H: at the University of Bath, after the fieldwork, and then transcribed in Chinese text by the researcher. Due to a lack of experience, the researcher transcribed two interviews manually. With the suggestion from another PhD student, an online tool 'google doc' was employed to speed up the transcription of verbal data. Then, 26 transcripts were created and entered into the NVivo computerised data management programme for further data organisation. Given the financial constraints, the researcher and the two supervisors agreed to translate some sections of data into English from the three interview transcripts deemed representative and (or) good (see Appendix 3).²⁶

The second phase was systematic data coding with the assistance of NVivo. Coding is part of data analysis as it organises data into meaningful groups (Tuckett, 2005; Braun and Clarke, 2006). In this study, codes emerged from the data by multiple rounds of reading through all transcripts. The first round of reading through the textual data produced 32 codes, which were entered into NVivo as original nodes to identify meaningful units across 26 transcripts. Meanwhile, data analysis remained open to codes that provided insights on actions and deliberations in the LTC policymaking emerging from coding transcripts. Then, another 32 codes were created or separated from the original codes. For example, the original codebook did not assign code to the new types of LTC services; however, a new code emerged when data analysis determined that the code 'LTC services' was extensive, and in particular, Beijing and Shanghai differed significantly in this regard. As a result, the coding process produced 64 codes in total, encompassing conceptual codes, relationship codes, participant perspective codes, participant characteristic codes, and setting codes (Vaismoradi et al., 2016). Through such line-by-line reading and coding, the researcher reached data immersion and familiarisation, and therefore gained a thorough knowledge of the data, significantly facilitating the search for the process and thereby achieving "great analytic precision" (Charmaz, 1990, p. 1168). Assisted by NVivo, the researcher collated extracts to the corresponding codes.

The third phase was to connect codes into categories to construct themes. This process was neither a one-off nor straightforward. By definition, a theme represents some level of patterned response or meaning within the data set, and its essence lies in "whether it captures something important in relation to the overall research question" (Braun and Clarke,

²⁵ Two interviews were conducted with one Beijing participant in July and December 2018.

²⁶ This decision meant that the data analysed in this study was in Chinese.

2006, p. 82). To capture thematic patterns, data analysis in this stage moves from working on “particulars to multiple levels of abstraction” (Creswell and Poth, 2018, p. 48), involving efforts to develop connections between the categories and themes (Bradley, 1993). Throughout the thematic analysis, a constant comparison between purposively selected settings and participants was conducted to identify similarities, differences, or even contradictions, thereby creating the “potential for generating and suggesting themes” (Vaismoradi et al., 2016, p. 105) and “using qualitative datasets to full advantage” (Barbour, 2001, p. 1116). With careful reading through the data and comparisons of thoughts and perspectives across participants, departments, and sites, 38 sub-themes emerged from 64 codes, presenting a highly diverse scenario of LTC policymaking in China. They elaborated on the national strategies of LTC provision from multiple perspectives, including the trend and the contents, and thoughts and opinions in their formulation, experimentation, and implementation; and different views on each component of financing and delivering LTC, and political forces and their complex deliberations in Beijing and Shanghai.

A further interpretation and merger of the sub-themes produced 12 themes in relation to the research objectives. In the central government setting, four identified themes illustrated the controversial national strategies and the consequences. Then, four themes were developed for each case study site, explaining its core processes of LTC policymaking, including different conceptualisations of the LTC problem, different attitudes to the instructed funding mechanisms, different opinions about designing and delivering LTC, and the different political contexts for LTC policymaking. With the identified themes, thematic analysis entered a higher level of abstraction to produce overarching thematic patterns, namely, main research findings, by bringing related themes together to “form a comprehensive picture of their collective experience” (Aronson, 1995). Three research findings were generated by establishing relationships between the related themes, thus achieving the first two research objectives. To demonstrate the above thematic analysis process in the three settings and corresponding output in each step, Appendix 4 presented a summary of thematic analysis in this study, moving from coding to generating sub-themes and themes until reaching the overarching research findings.

4.6.2 Comparative analysis

Based on the above thematic analysis in each setting, data analysis proceeded to conduct a systematic comparison of LTC policymaking between Beijing and Shanghai, achieving another two objectives of this study. Meaningful comparison enables a better understanding of social phenomena (Bryman, 2016). As noted previously, this study set out to explain the different experiences of LTC policymaking in China. To this end, the comparison is a concrete methodology that establishes relationships between variables and policymaking outcomes in this explanatory research (Gläser and Laudel, 2019). Also, comparison facilitates “narrowing down the number of potential explanations” (Mahoney, 2000, p. 398). In terms of theory building/testing, a cross-case comparison puts the researcher in “a better position to establish the circumstances in which a theory will or will not hold” (Eisenhardt, 1989; Yin, 2009; cited by Bryman, 2016, p. 74). Besides, a cross-context comparison is the only way to achieve

transferability, which is a trustworthiness criterion for qualitative research (Bradley, 1993; Barbour, 2007).

Comparison of LTC policymaking between Beijing and Shanghai comprised two steps of analysis. The first step examined the interaction of the separated processes of LTC policymaking identified through thematic analysis in the two sites. By examining the processes and their interactions that made the phenomenon appear (Gläser and Laudel, 2019), it established their relationship and determined the LTC policymaking approaches in the two sites. Therefore, the analysis overcame a common flaw in thematic analysis, that is, “without showing the connections of each theme or using them to explain the phenomenon under study” (Vaismoradi et al., 2016, p. 107). Then, this study undertook a cross-case comparison of LTC policymaking and identified key factors affecting LTC policymaking. Therefore, the comparison achieved the third and fourth objectives of this study, putting forward the theoretical and policy implications of research findings on Chinese LTC policymaking.

Methodologically, comparative MSA opens up a new way to understand Chinese policymaking, namely, comparative and relative perspectives, and thus provides a universally applicable framework to analyse local policymaking in China. The comparison of research populations and settings is the central feature of this research design. In particular, this study combined comparative analysis and MSA to conduct theoretical testing in the two case study locations. The literature shows that the application of MSA is limited to a single case, such as a single policy domain, country, or locality, modifying MSA to fit specific research and generating specific explanations. Therefore, single case applications highlight the particularity of each application, but also indicate the weakness of MSA, that is, the contingency of MSA explanations. Differently, combining comparative analysis and MSA substantially enhances MSA’s ability to understand different LTC policymaking experiences across localities. This ability is valuable to policy analysis in China, where regional variations in social policy are common and prominent (Qian and Mok, 2016; Mok, Kühner, and Huang, 2017; Shi, 2017). Comparative MSA reduces the randomness in the search for explanations for vastly different local policymaking experiences and establishes connections between places with distinctions. MSA is a synthetic theory that allows multi-level analysis. The basic-level investigation focuses on the dynamics of the three independent streams, and the higher-level analysis centres on the interaction of the three streams. Then, the comparative use of MSA enables this study to reveal the commonalities and particularities between the two sites in the dynamics and the interactions of the three streams, thereby determining their different methods of dealing with a series of factors in policymaking. In this way, this study identified local policymaking approaches and crucial influencing factors from a comparative and relative perspective. It is this comparative and relative perspective that significantly enhances the applicability of MSA in the Chinese context.

4.6.3 Report findings

The last step of data analysis was writing up the research findings. In general, the organisation of the research findings chapters conformed to the process of data analysis. To report the three results of the thematic analysis in the three settings, Chapters 5, 6, and 7 employed the

same structure, namely, each research finding constituted a separate chapter organised under four themes. Then, Chapter 8 reported further research findings successively: LTC policymaking approaches in Beijing and Shanghai and key influencing factors of LTC policymaking determined by a cross-setting comparison. As far as the process of writing is concerned, this study agrees with Charmaz (1990) that writing and re-writing promoted analytic clarity rather than merely reported findings from the previous data analysis. Discovering through data analysis was an ongoing, interactive, and reflexive process, extending into the writing-up stage (Charmaz, 1990; Tuckett, 2005). In the process of reporting findings, the researcher continued to conduct coding with a reasonably small amount of data, due to the omission of data in the previous analysis. More significantly, new ideas and arguments emerged from the writing process, resulting in considerable alterations in this thesis. For example, developing the recognition that the different perceptions of national policies among participants affected the actions of local policymakers, the researcher decided to add a separate chapter dedicated to the national strategies for LTC provision rather than incorporating them merely as a context for Beijing and Shanghai. Similarly, re-writing the methodology chapter provided an opportunity for the researcher to review the research design, leading to a clearer understanding of the research and providing insights to refine the research findings chapters for clarity.

4.7 Ethical issues

This section will address two critical or unique ethical issues arising from the research process, that is, deception and confidentiality, and the corresponding decisions and research conduct. Ethics constitutes one criterion for high-quality qualitative research (Tracy, 2010; Creswell and Poth, 2018). In terms of procedure, written ethical approval for this study was obtained from the Department of Social and Political Sciences at the University of Bath before the fieldwork was undertaken (see Appendix 1). In terms of practice, a set of principles, and standardised procedures of ethical research established by the university, guided this study from data collection and data analysis to reporting findings. However, ethics are concerned with human life and interconnect with practical, ethical, and political issues, thereby constantly manifesting themselves in some way (Hay, 2002; Roth and Von Unger, 2018). Therefore, this study considered ethical conduct as ongoing, relational, and context-specific (Knothe, 2018; Roth, 2018; Roth and Unger, 2018). From this perspective, disciplinary ethics or institutional regulation of research ethics showed limitations to address all ethical issues encountered in this study (Guillemin and Gillam, 2004; cited by Roth and Von Unger, 2018). Given the cross-border application of procedural ethics, this study strongly suggested that ethics should be adaptive to the environment in which the research took place.

4.7.1 Deception

The researcher's identity and the informed consent process were related to the principle of avoiding deception in this study. An appropriate identity for the researcher is critical for securing interviewing in some countries, including China (Rivera et al., 2002). In this study, one aspect of identity was whether to be a friend (or at least an acquaintance) or a researcher in relation to intended participants. As addressed in Section 4.5, the fieldwork adhered to an informal format. The other aspect was about being a researcher from a foreign or a domestic

organisation. Given the distrust of foreign organisations and media and thus the intensified control over official interviews in China, the identity of a researcher at a foreign university was an obstacle to gaining trust from intended participants. In some circumstances, this identity failed access attempt, for example a terminated interview with one participant at Beijing HRSS. To comply with ethical principles and reduce the alertness of intended participants, the researcher strategically presented a dual-identity (subsection 4.4.3), namely, introducing first as a visiting researcher from CPRI (a well-known Chinese think tank and familiar to most participants) and then a PhD student at the University of Bath.

The disciplinary protocols highlight a formal informed consent process by gaining a signed consent form in advance. However, the fieldwork suggested that an informed consent process should be context-specific to secure interviewing as well as to avoid deception (Von Unger, 2018). In China, agreeing to meet for a conversation usually meant giving consent to the researcher, while a signed consent form caused deep concern in “being captured by written evidence” (Roth and Von Unger, 2018). Therefore, the request for a signed consent form from intended participants very likely jeopardises access or even the interview despite the verbal agreement achieved previously. Besides, sending an information sheet to intended participants before the interview via a formal email or letter was just not viable (section 4.5). With local knowledge and advice from the chief supervisor, the researcher sought an alternative process by obtaining recorded verbal consent, namely, recording a consent statement either at the beginning or at the end of the interviews.²⁷ Likewise, the researcher briefly introduced the contents of the information sheet to participants before asking interview questions rather than sending them a document in advance by email or post.

4.7.2 Confidentiality

The researcher should make a clear commitment to confidentiality according to specific circumstances. In general, this study handled confidentiality carefully by strictly abiding by ethical procedures set by the university. Prior understanding of the Chinese political culture by the researcher, along with advice from the supervisors, suggest that confidentiality is a top ethical issue as the majority of participants recruited to this study were government officials. Even though some participants stated that they would not mind the disclosure of their identities, the researcher decided not to do so. As a result of this ethical commitment, the study was unable to display participant profiles on the sample grid (Table 13). However, a meaningful commitment to confidentiality was highly context-specific. Confidentiality associated with the participants’ identity became superficial and unachievable under two conditions: the snowballing approach to identifying participants in a small circle (Farquharson, 2005) and the office context for most interviews. For example, when the interview with a participant at China MOCA was taking place in a meeting room, two other participants came in to discuss policy issues; this took place in front of the researcher. This meeting of four of us not only made the researcher feel uncomfortable but also meant that confidentiality was meaningless for them. On this occasion, the solution followed

²⁷ The researcher stated similar sentences to confirm interviewees’ consent: ‘Thanks for accepting my interview and allowing me to record and use it as research data in my study.’

Farquharson (2005) that the researcher promised confidentiality for interview content only, but not for participation.

4.8 Reflexivity

This section will reflect on the role of previous knowledge and power imbalance between the researcher and elite participants, indicating both advantages and disadvantages of the researcher in this study. Firstly, this study substantially benefited from the researcher's preunderstanding both in academic and pragmatic terms. Social constructivism emphasises subjective meanings that value interpretation and sense-making to understand multi-dimensional reality, and preunderstanding includes "knowledge, training, experience, interpretation, and ways of thinking and articulating", helping the researcher conceptualise the interpretive activity (Bradley, 1993, p. 434). Therefore, social researchers are active participants in the research process introducing their own experiences, perceptions, and knowledge rather than value-neutral external observers (Meyer and Ward, 2014).

Academically, previous knowledge about LTC policymaking influenced this study from research design throughout to writing-up findings. The observation of different LTC policy responses across local areas in the work and the personal interest in exploring 'why' and 'how' questions and improving policymaking practice constituted the conditions for the selection of research focus and the research question (Bradley, 1993). Also, previous knowledge influenced the creation of codes. Despite the inductive approach used in the coding process, the literature on Chinese LTC policies, policy analysis, ideational analysis, and MSA informed coding as "formal theory or constructs ... guide the formation of categories or ideas for categories can emerge from observation" (Bradley, 1993, p. 445). Furthermore, previous knowledge contributed to sense-making in the thematic analysis as theme generation means to translate participants' opinions into the decision-making and practice language (Vaismoradi and Snelgrove, 2019). The four-step thematic analysis in this study vividly showed the process of translation by the researcher. Pragmatically, the detailed fieldwork process elaborated in the previous section has proved that the researcher's work experience was the key advantage to complete fieldwork, and pre-existing knowledge allowed the researcher a great deal of flexibility in fieldwork. Besides contributing roles above, pre-existing ideas were tested or even adjusted in the research process (Reinke De Buitrago, 2019). The researcher has long heard about different policymaking styles between the north and the south in China represented by Beijing and Shanghai. However, they were only examined in-depth by this study. Extensive differences manifested in every aspect of this study indicated different ways of thinking and acting between local policymakers.

Throughout the research process, the researcher's preunderstanding helped maintain language integrity in data analysis between English and Chinese. As noted, all interviews were conducted, transcribed, imported into, and analysed in Chinese in NVivo; however, the language to report findings was English. To ensure integrity, the researcher carefully chose English terms (especially in creating codes) by examining their conventional usages and cross-checking the literature in Chinese and English, attempting to select the most appropriate words to reflect the same or highly similar meanings in the two languages. Those had specific meanings in Chinese while the corresponding phases in English were unavailable, this thesis

used 'Pinyin' in italic to indicate and footnotes to explain. Those interchangeably used were defined in the specific context. For example, 'social welfare' in China is under the overcharging concept of social security, usually referring to cash benefits provided by the MOCA system. This narrow definition does not mirror the same term in English. However, given its popularity, this thesis defined it in the Chinese context in the codebook. Besides, two supervisors continued to advise on the clarity and preciseness of terms used in this study.

Secondly, the power imbalance between the researcher and elite participants was evident in this study, namely, the relatively disadvantaged position of the researcher compared with elite participants. The literature on the research ethics tends to imply that the participants are in the subordinate position in the interview (Rivera et al., 2002; Roth and Von Unger, 2018). It ignores that the interview is a two-way communication (Barbour, 2001) and the feature of elites as the research participants. This study found that elite participants had power, originating from their knowledge of policymaking that was inaccessible for the public, and the right to withdraw from interviews at any time (Roth, 2018). For example, one Beijing participant claimed that he/she could make the interviewer get nothing from the conversation, and one Shanghai participant gave superficial accounts, illustrating their power of knowledge. Then, by the right of withdrawal at any point, the participants gain power in the interview as "the researcher no longer is in unilateral control over the data" (Roth, 2018). This study encountered two cases that participants withdrew halfway and after the interview, making all the efforts futile.

The researcher responded to the disadvantaged position with tactics, such as adapting the interview agenda to each participant noted previously and let them talk. The tactic of 'let them talk' was out of respect for their knowledge and dignity, "conveying the attitude that the participant's views are valuable and useful" (Marshall and Rossman, 2016, p. 148). In general, the researcher did not challenge participants' dominance due to the awareness that the intended participants were experts in the corresponding field with inside information. For example, government officials, accounting for the main body of participants in this study, considered themselves technocrats with good education and long policymaking experience. Therefore, the researcher did not explicitly direct the conversation or correct their accounts. However, this tactic meant a trade-off between the interview length and data richness. A prolonged interview caused an additional workload of transcription, translation, and data analysis. Compared with the risk of withdrawal due to the unpleasant feeling of contempt or disrespect, the researcher chose the benefit of data enrichment, and data analysis confirmed that the strategy worked in this regard. As to the risk of deviating from the right track, the researcher brought the conversation back by asking questions timely.

4.9 Strengths and limitations

The outstanding strength of this research design lies in its hybrid analysis method. The three-phase analysis combines thematic analysis, theory testing, and comparative analysis, constituting a chain of reasoning for achieving research objectives step by step. This attempt essentially differentiates from the dominant policymaking models in China reviewed in Chapter 3. Firstly, social constructivism allows this study to explore various lived experiences of LTC policymaking in the three settings of the state, Beijing, and Shanghai. Engaging both

social constructions of the LTC problem and proposed solutions, this study can investigate competing or even conflicting opinions and deliberation, thereby presenting a real and comprehensive picture of LTC policymaking in China. Furthermore, multiple socially constructed experiences provide the basis for further analysis to reveal politics in LTC policymaking as policymakers' beliefs and preferences are "judged as socially preferred in a social environment" (Cox, 2001, pp. 473). Secondly, theory testing assists this study in determining the LTC policymaking approach through widely applied theory. Based on themes reflecting the separate processes of LTC policymaking, this study can examine how multiple factors interact to shape LTC policymaking in the two sites by scrutinising the relationship between the themes, thereby testing to what extent MSA is relevant to Chinese LTC policymaking. Thirdly, based on the processes and their relationships in LTC policymaking, a cross-case comparison enables this study to identify the influencing factors that affect LTC policymaking.

This study admitted that the sample size was relatively small. It excluded the perspective of disabled older people and their families, who are stakeholders of LTC policymaking. Besides, due to extremely difficult access, this study did not have the opportunity to interview the authoritative decision makers in ministries and local governments, such as the ministers of China MOCA, China HRSS, and China NHC; the (deputy) mayors of Beijing and Shanghai; and chief directors of related local government departments. Therefore, 25 government officials, prestigious researchers, and successful LTC service providers constituted critical sources of information about LTC policymaking in China. However, the small sample size is unlikely to undermine this study in terms of the ability to address the research question. A small sample size reflected the centrality of Chinese elite policymaking as reviewed in Chapter 3; that is, a small group of elites controlled the decision-making centres in society. Furthermore, whether the sample size is enough depends on the research question and the aim of the sampling (Bradley, 1993). The 25 participants were first-hand participants and bearers of policy ideas (Goldstein, 2002; Schmidt, 2008; Daigneault, 2014), constituting critical sources of information about the political process of LTC policymaking (Tansey, 2007). Also, given the structural positions, these elite samples were able to provide an overall view of the organisation or relationship and a broad view on policy evolvement (Marshall and Rossman, 2016), and detailed information about their lived experience was "generaliseable information about an entire population of decisions" (Goldstein, 2002, p. 669). Although without direct accounts from the final decision makers, other participants reflected their attitudes, perceptions, and preferences in the LTC policymaking process, coded as political will, referring to the commitment held by those authoritative decision makers.

4.10 Chapter summary

This chapter has addressed the entire process of this study, encompassing the philosophical assumptions, research strategy, research methods of data collection and data analysis, and the application of these methods in the fieldwork and data analysis process. In terms of research design, this study was a comparative study of LTC policymaking experiences between Beijing and Shanghai within the time frame of 2013–2018. It was qualitative research grounded in an interpretivist philosophy that is underpinned by ontological and

epistemological constructivism, aiming to provide an in-depth understanding and explanation of the LTC policymaking process in China. Semi-structured interviews with policymakers at the central level and in Beijing and Shanghai were the main method used to generate subject data about their lived experiences of LTC policymaking. Data analysis involved thematic analysis in the central government, Beijing, and Shanghai, and comparative analysis of Beijing and Shanghai.

In retrospect, the fieldwork highlighted two critical ethical issues, including avoiding deception associated with the researcher's identity and the informed consent process, and fragile confidentiality. Issues and corresponding decisions in the fieldwork confirmed that ethics was ongoing, dialogic, and context-specific. The researcher's position in this study was both advantaged due to previous knowledge of the research and disadvantaged due to the power imbalance in elite interviews that highlighted the researchers' vulnerability.

Overall, the advantage of research design lies in its mixed approach grounded in social constructivism and combining three phases of analysis, demonstrating a strong ability to describe and explain the complex process of LTC policymaking in China. The limitation of the fieldwork was the small size of just 25 participants, which was justified by the elite policymaking model in China and the ability to address the research question. However, a larger sample undoubtedly would have provided more insights into the LTC policymaking process.

Having set out the research design and process in this chapter, the subsequent four chapters will report findings from this empirical research, revealing the national strategies for LTC provision (Chapter 5) and the specific processes of LTC policymaking in Beijing and Shanghai (Chapters 6 and 7), and examining their interactions to explore LTC policymaking approaches and key influencing factors (Chapter 8).

Chapter 5. National Strategies for Long-term Care Provision

5.1 Introduction

This and the following three chapters will explore the national strategies for LTC provision and their implementation in the two case study sites, Beijing and Shanghai, from the perspective of LTC policymaking. Firstly, this chapter will investigate the national strategies for financing and delivering LTC that are formed by a series of central instructions, different opinions about them, and their implementation, mainly from the viewpoint of central government officials. Therefore, Chapter 5 addresses the first objective of this study:

- 1) *To examine the national strategies of funding and delivering LTC as instructed by the central directives*

National strategies for LTC provision are to be discussed first as they provide relevant feedback and insight on the initial formation and implementation of the central directives on LTC provision. They constitute an important context for understanding how and why Beijing and Shanghai moved forward to trial and implement specific funding mechanisms and service systems in each site.

Secondly, Chapters 6 and 7 will explore the LTC policymaking process in Beijing and Shanghai respectively, which has determined different methods of financing and delivering LTC in the two sites, including how local policymakers conceptualised the LTC problem, how they discussed proposed LTC-related policy options, and what the political contexts were for their action. This exploration lays the foundation for further investigation into the policymaking approaches and key influencing factors set out in Chapter 8. Therefore, Chapters 6, 7, and 8 address the following two objectives:

- 2) *To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*
- 3) *To explore the LTC policymaking approaches adopted in Beijing and Shanghai and their influencing factors*

This chapter is based on the accounts of eight participants. Among them, five were senior government officials from China MOCA and China NHC, and three were researchers from China NHC and two top universities in Beijing. All participants had rich experience in ageing and LTC policymaking, both at a central and local level, and thus had insight into the national picture. Participants from Beijing and Shanghai were also referred to when their accounts concerned LTC provision at the national level. The rest of Chapter 5 is structured as follows: Section 5.2 examines the state's growing concern about LTC finance and delivery; Sections 5.3 and 5.4 illustrate various opinions about national strategies as identified through the empirical work undertaken in the study; Section 5.5 addresses the problematic implementation of national strategies at the national level; and Section 5.6 provides a summary of the chapter.

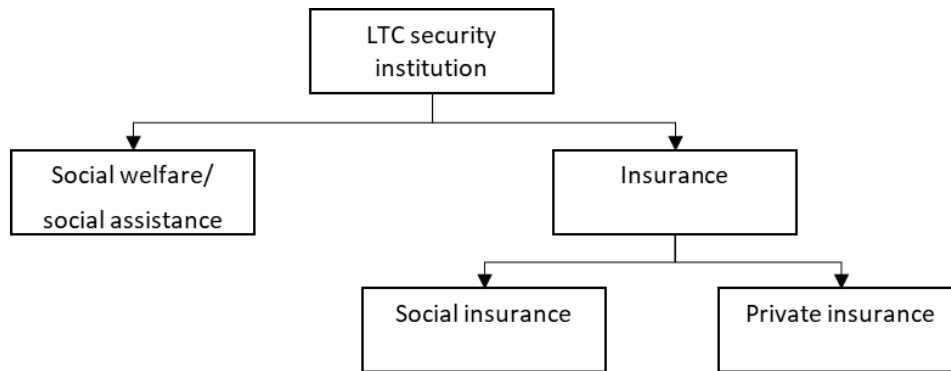
5.2 The state's increasing attention to LTC provision

Since 2016, an extensive series of national policies on financing and delivering LTC have been intensively introduced by the central committee of the Communist Party of China (the central committee), the State Council, and all related central government departments in various forms. These policies included instructions, departmental policies, the 13th Five-year Plans, and China NPC and CPPCC suggestions and proposals, however there are two central directives that are significant to this study. It is significant that these central directives brought the LTC issue onto the ageing policy agenda and built a framework for LTC provision. The policies that map out the influential guidelines are the central committee's instruction on the LTC security system (*Changqi zhaohu baozhang tixi*) and China NPC and CPPCC's report on health/social care integration (integration).

All participants in this study agreed that LTC funding mechanisms were given serious attention by the central committee's instruction, policy pilots, and institutional reforms. By high-profiling instruction and prompt follow-up actions, the central government widely recognised the LTC issue. The central committee's instruction can be viewed as the response to the long-lasting advocacy of long-term care social insurance (LTCI) by experts and society since the 1990s and the National Committee of Ageing's (China NCA) data of disabled older people in 2016. Chinese researchers introduced the term 'long-term care' from the West in 2009 and initiated research and discussion of the LTC issue in population ageing (Pei, 2009; Yang, 2016). In 2015, the State Council issued instructions to explore the 'LTC security system', referring to multiple funding mechanisms and LTC delivery systems. However, the LTC issue did not enter mainstream policymaking and policy research until the publication of the fourth survey report about the situation of disabled older people in China in 2016. According to China NCA's survey, the total number of disabled older people in China exceeded 40.6 million, and their situation was astonishing in terms of demography, economy, and service provision (Zhang, 2016). This survey data drew the attention of the central government to disabled older people and LTC, triggering a surge in the formulation of LTC-related policies in 2016.

The central committee's directive on the funding mechanism was instructed in the form of policy text of the 32nd collective study of the Politburo of CPC in 2016 and then written into the 13th Five-year Planning by China MOCA. As shown in Figure 3 below, the instruction outlined the LTC security system in China, combining three funding mechanisms, through which LTC provision was ensured: (1) benefits either in the form of social welfare or social assistance; (2) social insurance; and (3) private insurance. It is worth noting that the central committee used the term 'LTC security institution' indicating that the top leadership considered this institution to be more than just a combined funding mechanism. In line with this view, some participants at China MOCA and China NHC reported that social insurance for LTC should be viewed as an institutional arrangement to ensure funding as well as service delivery in China (CBS03: senior official, China MOCA).

Figure 3 The LTC security system



Source: According to the policies published on the website by government departments.

All participants from the central level believed that the instruction from the supreme leadership indicated serious attention to the LTC issue. As participants at China MOCA reported, that the central committee made specific instructions on population ageing and LTC was unprecedented. Furthermore, it was immediately conveyed to relevant central government departments and local governments for digesting and producing implementation policy responses.²⁸ Therefore, the severe LTC problem in multiple terms has reached a consensus among officials from China MOCA and China NHC in this study, such as LTC needs, affordability of LTC needs, the life cycle, demographic features, consequences, and the miniaturisation of the family scale. The quote below was representative, defining the LTC problem in terms of inflexible and essential LTC needs and argued for primary government responsibility and intervention.

LTC is a problem in that it involves most of the population and only government intervention can solve it...The LTC problem becomes more explicit for multiple reasons...Since 2013, from the perspective of service provision at the national level, from public opinions on needs, it (LTC) is the most difficult need to meet. In terms of human needs, they (LTC needs) have the least elasticity...Besides, there is a practical constraint that resources for service provision for older people are limited. To maximise the effectiveness, [resources] must focus on inflexible needs that are the most difficult to meet. (CBS02: senior official, China MOCA)

The inclusion of social insurance into the LTC funding mechanism indicated a re-thinking about the role of the government in securing LTC provision at the central level. The existing targeted welfare and private insurance meant a residual role of the state in LTC provision,

²⁸ Based on the researcher's working experience in China MOCA in 2017; the policy text was classified as 'confidential' back then.

functioning as the last resort by providing welfare benefits for special groups of people. Given the universal approach and mandatory features of social insurance, the inclusion of social insurance into a combined LTC funding mechanism, indicated that the supreme leadership started to consider taking more responsibility for LTC provision. This shift conformed to CPC's vision of development, namely, to 'improve people's livelihoods' and 'share the reform bonus with the people' and the transition in social welfare towards Moderate Universalism in China (Dou, 2006; Wang, 2009).

Furthermore, all participants believed that policy experimentation on social insurance was a positive gesture of action on the LTC issue and the precursor to national policymaking. Compared to social welfare and private insurance, social insurance was a new funding mechanism added to the LTC security system by the central committee. Thus, the fundamental change to the LTC funding mechanism would depend on the establishment of LTCI. In other words, the establishment of LTCI had the potential to change the landscape of the LTC funding mechanism, thereby differentiating the old and new LTC security system. Based on real working experiences in health insurance, one participant at China NHC viewed LTCI as an analogy for health insurance, whose establishment in the 1990s is commonly valued as a historical achievement in the domains of health care and social security. As the responsible department, China HRSS responded quickly by launching a national LTCI pilot programme through the 'Instruction on Conducting the Pilot of LTC Insurance' in 2016. Moreover, the institutional reforms that were achieved by setting up an independent central government department responsible for LTCI demonstrated the top leadership's determination to establish LTCI. In 2018, the Bureau of Health Insurance (China BHI) was established and LTCI became its statutory responsibility. The data shows that this institutional reform far exceeded the expectations of China NHC, which only expected a combination of relevant departments in China MOCA and China NHC.

In the same vein, national policies also witnessed mounting concern over the design and delivery of LTC by instructions, policy pilots, and institutional reforms. In China, it is the '*Yanglao fuwu tixi*'²⁹ that delivers services for older people, consisting of social care in three settings. The State Council first defined it in 2013, and the annual China NPC and China CPPCC session (the two sessions) made two critical changes to it to promote LTC delivery. The first revision was to redefine the role of institutional care from 'supportive' to 'supplementary'. This change was directly related to the ongoing reform on care institutions, aiming to steer care institutions away from focusing on providing social care for independent older people and towards LTC delivery. It indicated that the two sessions reinforced the trend by fixing care institutions as LTC providers within the service system. The second revision was to add health–social care integration (integration) to the service system. All participants at China MOCA and China NHC agreed that increasing attention to integration was the correct response to sharply rising demands for health care and the deep separation between social care and health care systems. It was first proposed by the State Council in 2013 as an important constituent of the service system. Two years later, the State Council initiated further action on promoting integration throughout the country.³⁰ More substantially, the

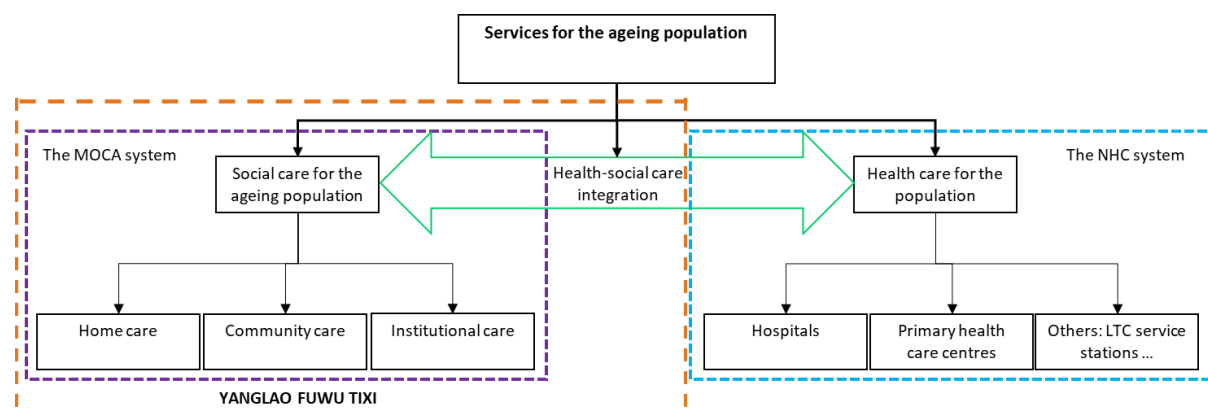
²⁹ From this point, when I refer to it, I will use the term 'the service system'.

³⁰ The State Council, 2015. Instructions on Promoting Health/Social Care Integration.

two sessions formally embedded integration in the service system, paralleling social care but emphasising integration between social care and health care in the three settings. This revision essentially clarified that LTC was delivered to the ageing population through integration (CBS11: researcher, China NHC).

Through revisions, the policy text finalised a new version of the service system. Based on a series of central instructions, the researcher drew the diagram (Figure 4) showing the relationships between multiple service systems related to the ageing population. Starting at the top of the chart, the overarching concept of ‘services for the ageing population’ encompasses social care and health care systems regulated by the MOCA system and the NHC system respectively. Underneath are the two parallel systems: social care for older people in the three settings delivered by the MOCA system on the left (Purple line area), and health care for older people provided by the NHC system on the right (Blue line area). The green line area bridging the two systems refers to integration. This study covers the social care system and part of the health system that is present in integration (Orange line area), such as primary health care centres and LTC service stations.

Figure 4 Service systems related to the ageing population in China



Source: According to the policies published on the website by government departments.

Integration was further emphasised and operationalised by following national policies. Strategically, integration was written into three national strategies, including Planning on Healthy China 2030, the 13th Five-year Planning on Developing Undertakings and Service System for Older People, and the 13th Five-year Planning on Healthy Ageing. Practically, China NHC and China MOCA jointly launched a national pilot in 2016 aiming to explore methods of integration at the local level. More fundamentally, most participants at the central level agreed that large-scale institutional reform on the MOCA and NHC systems throughout China in 2018 indicated an unconditional commitment to promoting integration held by the central committee and the State Council. This extensive reform consisted of two critical changes: China NCA, the highest level of coordinating body for population ageing, was moved from China MOCA to China NHC; and the establishment of the Division of Healthy Ageing of China NHC. Basically, it transformed the situation where MOCA and social care had solely

dominated service delivery for older people. Significantly, the role of health care in population ageing was highlighted and integration became China NHC's statutory responsibility.

Through instructions on funding mechanisms and service delivery, an ideal LTC security system was established. As the extract below illustrates, accessible and affordable LTC was provided to the ageing population through a series of institutional arrangements, including registration of LTC needs, professional assessment on (dis)ability and LTC needs, service delivery, and financial support either by welfare or insurance benefits.

What I envisage for services for the ageing population in large countries or China, what can be viewed as solving the fundamental problems of population ageing (YANGLAO)? I proposed two indicators...First, we should have an institution through which you know where to register (your demands) when your family member gets physically or cognitively disabled ...Then professionals will be assigned to conduct an assessment to determine the scale of disability, tell me whether he/she should go to care home or have home care or day-care services ...Then welfare or social insurance benefits should be provided according to your family's economic condition. Thus, when my family member gets disabled, I do not need to worry his/her caring and funding source either. (CBS01: senior official, China MOCA)

To summarise, a series of national policies related to the LTC funding mechanisms and service delivery showed an evident and increasing attention to the LTC issue at the central level. The central government demonstrated full commitment to improving LTC provision by highlighting its strategic significance, launching policy pilots, and reforming government institutions. Conceptually, central instructions separated LTC from general services for older people and the term 'LTC' started to appear in policy texts. This heralded the recognition of the independence of the LTC issue in the policy arena of population ageing. Politically, instructions on a combined funding mechanism and integration demonstrated increasing attention to LTC provision from the central committee, the State Council, and the two sessions as the highest authority of the political party, administration, and legislation in China, thereby forming real political pressure for local governments to act in this regard. Practically, the central directives set the guidelines for developing LTC security systems. In particular, LTCI as a new funding mechanism and integration as the platform for LTC delivery started to embed in the existing ageing policy system, and corresponding national policy pilots and institutional reforms enhanced their embeddedness. Besides, instructions pushed responsible departments to address various specific LTC issues related to statutory responsibilities. This positive trend was captured in this quote from one participant at Beijing MOCA.

...instructions made by Chairman Xi have been getting more and more specific and frequent...Look at policies introduced recently, more and more national policies, including the instruction on care from the State Council, which specified the issue [LTC]...The attitude must be positive...In retrospect, no policymaking in many years... (CBS13: senior official, Beijing MOCA)

5.3 A lack of policy clarity

Despite the high profile, national strategies were subject to intense criticism by participants from the state, and Beijing and Shanghai for two major flaws, namely, lack of policy clarity and weak national steering. A vast majority of participants reported that the central government failed to fulfil its responsibility for clarifying policy directions and providing legislation and well-defined concepts for local implementation. A lack of clarity was vividly reflected on different or conflicting views on nearly all aspects of funding and delivering LTC, indicating a lack of consensus on LTC across central government departments. For example, statutory responsibility for LTC delivery has remained unsolved between related departments. The data extract below shows that the MOCA system as the main regulator and organiser of social care for older people was legitimately excluded from LTC delivery because of uncertainty about its responsibility in this field.

You see, no macro policy has explicitly defined LTC responsibility. Namely, LTC is nothing about our MOCA! Thus, we are not qualified to say or do too much [on delivering LTC]. (CBS03: senior official, China MOCA)

5.3.1 Social welfare in a combined funding mechanism

Due to financial considerations, people doubted whether social welfare could be more inclusive, thereby playing a bigger role in a combined funding mechanism. Social welfare provision in China was characterised by targeted welfare despite recent increases in the types and levels of welfare benefits. The account referred to below was made by a senior official at China MOCA claiming that the nature of social welfare in cash remained targeted. For example, three primary welfare allowances for older people only covered 0.23–0.27% of the ageing population in China, leaving the vast majority uncovered.

...both social assistance and social welfare are aimed at special groups of people, namely recipients of three-Nos and five-guarantees. Later it expanded to recipients of MLSS, including those enjoying preferential treatments and affected by natural disasters. But it is very clear that they are the people in poverty. (CBS01: senior official, China MOCA)

However, the hope to develop more inclusive welfare was bleak because targeted welfare appeared to be guided by the firm belief in the state's limited fiscal capacity. A large majority of participants from central departments believed that fiscal capacity based on economic development was decisive in determining the level of social welfare provision in China. It was commonly perceived as insufficient, and the New Economic Normal deepened the concern for the limited fiscal capacity to expand social welfare in China. This concern was strengthened by the central committee's instruction, requiring relevant government departments to "reasonably guide the public expectations of social welfare" (CBS03: senior official, China MOCA). It established the red line for social welfare provision, enhancing the trend of low-level welfare spending. Besides, lesson learning from other countries confirmed the concern. All four participants at China MOCA were extremely cautious about the 'welfare trap' and the welfare crisis associated with the financial sustainability emerging in other countries in recent years. Therefore, their accounts showed common resistance to more

inclusive welfare provision and high-level benefits as they were deemed too risky and unsuitable for China. The account referred to below was made by a Shanghai participant reflecting the serious concern for financial sustainability in the Chinese government system.

You know our Chinese people are very cautious about financial capacity (Panzi), don't you? [We are extremely concerned about] the bankrupt and unsustainability [of funding] and so on... (CBS25: senior official, Shanghai MOCA)

5.3.2 Social insurance in a combined funding mechanism

The imperative for and use of social insurance for LTC was debatable. Conflicting opinions revolved around whether LTCI was imperative and feasible and, if so, its sources and uses. Most official participants at China MOCA and China NHC and all five researchers on population, health care, public finance, insurance, and social policy in this study showed firm support for LTCI. They viewed LTCI as an imperative response to population ageing, an international trend to follow, and an important institution/mechanism for tackling the LTC problem. In their view, LTCI not only eased the financial burden for disabled older people but also significantly promoted LTC service markets just like health insurance had done historically in China and LTCI in Japan. Hence, some participants named LTCI as 'the sixth type of social insurance' (*Di liu xian*), paralleling the other five types of social insurance in China.

Meanwhile, profound concerns for the financial sustainability of LTCI were evident among most participants from the central government departments to Beijing and Shanghai. They were strengthened by learning the lessons from Japan and Germany which are confronting financial difficulties in sustaining LTCI. Overall, due to the large scale of public spending and high number of affected people, LTCI was viewed as a matter "concerning the fate of the nation" (CBS02: senior official, China MOCA). Specifically, some participants believed that the lack of actuarial procedures and scientific cost control measures undermined the financial sustainability of LTCI. Regarding funding sources, a significant majority of participants challenged the sustainability of health insurance as a major funding source of LTCI. They believed that even in Beijing and Shanghai, where health insurance surplus was the largest in China, it could only sustain for a short period. Many other local areas "have been on the edge of [being] bankrupt" despite tight control over expenditure (CBS19: researcher, CASS). In the long run, health insurance was not even self-sustaining, let alone able to finance LTC. As to public funds, all the participants in my study agreed that due to unfavourable national contexts, such as the New Economic Normal and the national trend of easing the tax burden for society, the inputs of public funds in LTCI were temporary and contextual. Therefore, most participants from the central government departments supported the small coverage of LTCI, either in terms of the urban–rural divide or scales/types of disabilities. They believed that the exclusion of rural residents from LTCI was related to funding sources of LTCI and the conventional underplay of the rural in Chinese policymaking. The sustainability of LTCI was ensured by both covering severe disabilities and excluding cognitive disabilities.

5.3.3 LTC and other types of services

Debates and conflicting opinions about the relationship between LTC and various types of services for older people were evident among the participants at the central level, indicating

unclear concepts and an undetermined status of LTC in the ageing policy system. Firstly, a core debate was the relationship between LTC for disabled older people and services for the ageing population, which determined the degree of priority of LTC. In terms of required expertise, a large number of participants from central government departments and research institutions in this study (China MOCA, China NHC, CASS, and a Beijing university) tended to differentiate LTC from general services for the ageing population, as LTC required higher professional skills and corresponding qualifications. In terms of government responsibility for service provision, they agreed that the state should provide LTC as a safety net because LTC needs were essential and inflexible. Accordingly, LTC delivery should be highlighted as the focal point of ageing policy. However, this view was affirmatively opposed by the central committee and the State Council, who believed that “services for the ageing population are related to all over 200 million older people” and opposed reducing the scope of services for older people to LTC (CBS01: senior official, China MOCA). Therefore, China MOCA gave up further efforts to shift the focus of ageing policy to LTC and remained on the same track, for example, the term ‘LTC’ was not even used in its policy texts. The quote below from a senior official at China MOCA illustrates the current ageing policy system that missed focuses.

Regarding LTC policy, I think the trend is not clear. All these policies, the majority of these policies focus on general or older people over 60, their daily demands. Namely, all issues in their daily life are viewed as ageing policy problems. Therefore, these policies are not focusing. (CBS01: senior official, China MOCA)

Secondly, many participants paid attention to the difference between LTC, social care, and health care, which determined the extent to which LTC delivery involved social care and health care, and the cost of service delivery. They believed that health care required higher expertise, thereby causing a higher cost of service delivery. The global trend was to involve health care in LTC delivery as little as possible to reduce the cost of LTC delivery. However, the vague boundary between LTC and other services in policy encouraged the increasing use of health resources in LTC delivery and then rising costs. The quote below highlights a lack of clarity on the key concepts and boundaries between LTC and others, bringing about confusion in the LTCI pilot in Beijing.

The problem is the central government intends to use health insurance funds to finance it (LTCI). Yes, then it is problematic. LTC is social care. How to differ it from health insurance and health care? How to differ social care from health care? How to define LTCI? I don't think the central government is clear about it. (CBS17: senior official, Beijing HRSS)

Thirdly, most participants from the two ministries held a conflicting view of informal care. On the one hand, they recognised the significance of informal care to the entire service system, community-based care, and LTC delivery, in particular, therefore demanding more attention. On the other hand, they opposed highlighting informal care in the ageing policy system because of limited government capacity. Namely, the government did not have the extra resources to develop informal care, which was much less urgent than other services, for example, LTC. Besides, highlighting informal care was incompatible with the Chinese culture,

which viewed informal care as a duty for family members. These conflicting views indicated that they separated informal care from LTC delivery and tended to pay lip service.

In the past, [the government] emphasised home and community care. However, it did not know what on earth they are...these [home-based] services should be based on informal care, shouldn't they?...when entering the stage of being disabled, older people basically lose mobility, don't they? [They] need at least a long time caring, even 24-hours caring. Hence, from the beginning [policymakers] do not understand [community and home care]...just copy MOCA's old model of service delivery in the community setting without the idea of why they (Japan and other developed countries) can just provide a few hours of [formal] services [to meet LTC needs]. (CBS19: researcher, CASS)

Regarding the conflicting view, a senior researcher on social policy and LTC in this study argued for a foundation role of informal care from a structural perspective. The above account illustrates that informal care constituted the foundation for formal care, ensuring LTC delivery in the community and home settings. Rather than a lack of government capacity or Chinese traditional culture, poor policy learning which missed the essence of community- and home-based care caused the general ignorance of informal care in China.

5.3.4 Public-private relations in LTC provision

Debates on public-private relations illustrated that the central government had an ambivalent attitude towards insurance and service markets. Policymakers were keen to involving non-public actors in LTC provision. Meanwhile, deep distrust of private insurance and service markets was common. High expectations and scepticism of market mechanisms co-existed in the accounts on funding mechanisms and LTC delivery, and suspicion of the market outweighed interest in the market. Moreover, the contradictory attitude was found to be consistent among local areas.³¹

Most participants at the central level agreed on shared responsibility for LTC provision between the government, the market, and society, and that the “ultimate goal is three parties play their role adequately” (CBS02: senior official, China MOCA). Three rationales justified the active involvement of the market mechanism. Overall, most participants believed that the different functions of three societal sectors and the merits of the market mechanism required the involvement of the market. Logically, the market should be the major mechanism of LTC delivery, particularly for personalised or high-end LTC delivery. Then, the market was valued for its customer-orientation, efficiency, and promoting fair market competition. Furthermore, limited government capacity necessitated the involvement of other sectors to sustain LTC provision. As discussed previously, beliefs in limited fiscal capacity were deeply rooted in the government system. Therefore, the government eagerly considered funding sources other than public funds. In particular, the top authorities³² held high expectations of private insurance. The extract below illustrates that until 2017 the two sessions still placed high

³¹ Therefore, this thesis addressed this point as a shared phenomenon across the state, Beijing, and Shanghai in this chapter.

³² Referring to the central committee, the State Council, China NPC, and CPPCC.

expectations on the market mechanisms for LTC fundraising. Similarly, gaining enormous private investment constituted the primary motivation to involve service markets.

LTCl was discussed by the two sessions [China NPC and China CPPCC] in 2017; however, the decision was made not to establish 'the sixth type of social insurance' given the huge tax burden in China. Instead, private insurance was expected to finance LTC in a significant way. (CBS15: researcher, a Beijing university)

However, among many participants in the central governments of Beijing and Shanghai, deep distrust of the market mechanism was prominent. Most participants showed a stereotyped perception of public and non-public actors in China, namely, a strong preference for public actors and a dislike of private actors. Distrust stemmed from their negative attitude towards the for-profit nature of private actors and their unsatisfactory historical performance in social security. Therefore, a research participant at a Beijing university condemned the preference for private insurance with this emotional observation: "Only those with brain disabilities can rely on private insurance for LTC" (CBS20: researcher, a Beijing university). Also, lesson learning strengthened the distrust of private insurance. Two out of five research participants in my study asserted that lessons learned from the United States helped them to decide to give up the hope of private insurance in China. Regarding the service market, they believed that the for-profit nature and the low quality of private actors undermined their credibility in providing LTC services, which were considered as social undertakings with lofty goals in China. Therefore, they were vigilant about the trend towards the for-profit LTC service industry.

More negatively, distrust caused biased policymaking against private actors, such as biased service commission and incentive policies against private actors. Two of the seven Beijing participants observed that state-owned enterprises enjoyed the advantage of gaining government contracts to deliver services for older people. For example, all MOCA-funded service centres and stations in the community setting were eligible for rent exemption whilst private service providers were excluded from this incentive policy. Given the expensive rents in Beijing, such a biased policy caused noticeably unfair competition in LTC service markets. Similarly, a small number of participants based at Shanghai DRC and Shanghai HRSS expressed their distrust of private insurance. They doubted the motivation of private insurance's involvement in LTCl, believing in hidden agendas, such as expanding influence, promoting other insurance products, or unspeakable long-run interests. Therefore, one senior official at Shanghai HRSS suggested that one of four fundamental issues relating to LTCl was in-depth research on the motivation of private companies' participation in LTCl. Besides bias, the account referred to below shows that the deep distrust of private insurance in the government system also stemmed from its bad historical record in conducting health insurance in Shanghai.

Regarding why the government decided to establish social insurance, when we were discussing it, there was an opinion, the government did hope private insurance play its role in health insurance. But in fact, it proved to be very unsatisfactory, very unsatisfactory!...From the point of view of LTCl, we also considered to what extent private insurance can function in it. However, we were uncertain about it. (CBS22: senior official, Shanghai DRC)

To summarise, commonly agreed or clarified opinions about how to finance, design and deliver LTC in China was rarely seen. Wide and deeply divided opinions indicated a lack of knowledge that created conceptual issues in LTC policymaking, and the absence of the central government contributed to it. Furthermore, the conflicting attitudes to LTC provision indicated that LTC gained independence in the ageing policy system whilst its significance had not yet been fully recognised. Firstly, a negative attitude to LTCI in terms of public spending was evident at the central level. Financial concerns dominated discussions on funding mechanisms, leading to the maintenance of small welfare spending and low-level welfare provision. Despite the common recognition of the imperatives and significance of LTCI, financial concerns tended to guide LTCI towards limited coverage, a low level of insurance benefits, and a reliance on convenient but unsustainable funding sources, such as health insurance funds and public funds. Secondly, all participants agreed to separate LTC from other services for older people; however, most of them did not, or had no intention to, make efforts to prioritise LTC in the service system. Therefore, LTC was designed and delivered in a way that was insufficient, ineffective, and costly. Thirdly, despite high expectations, widespread and profound distrust of market mechanisms resulted in the government's cautiousness about involving the private sector in LTC provision. Moreover, deep distrust caused problematic policymaking that disfavoured private actors in the market.

5.4 A lack of further action

In terms of performance monitoring and follow-up policymaking, the lack of further action to implement national strategies for LTC provision was criticised frequently by most participants from the central government and Beijing and Shanghai. It is this double deficiency that has raised widespread suspicion about the state's commitment to national strategies.

5.4.1 Performance monitoring

Three out of five research participants in this study addressed the imperatives of performance monitoring in the implementation of national strategies from two opposing sides. Positively, government officials used to pay attention to the issues that improved their performance whilst underplaying those with zero or negative impacts. Negatively, local governments would rather achieve nothing if they had no mandatory instruction from superior authorities. Specifying the LTCI pilot, three tools were suggested to monitor it, including making a timetable, setting specific deadlines, and establishing a taskforce group. However, the account referred to below shows that none of them was employed by the central government, indicating an apparent lack of action to establish LTCI at the local level.

...these 15 cities, in the process of pilot, you should keep tracking on and investigating into some problems, and a team should work [on pilot issue]. Or you give yourself a timetable, a timetable at country level, namely how long I should take to achieve it eventually? Nothing as yet! (CBS15: researcher, a Beijing university)

Also, participants reported that the central government did not conduct the evaluation of the LTCI pilot in a proper and timely manner. For example, responding to the interview question about whether reflections on the LTCI pilot have been done, one senior official at China MOCA

speculated that “[China] HRSS must have done it” (CBS02: senior official, China MOCA). Also, another senior official, this time at China NHC, challenged: “why did (China HRSS) not try...to review pilot experiences [and to evaluate] how they are doing?” (CBS10: senior official, China NHC). These two accounts indicated that reflection on the LTCI pilot was confined to a few departments and officials, and neither China MOCA nor China NHC, as highly relevant departments, were included or even informed.

The policy document analysis conducted before the interviews evidenced the lack of performance monitoring of the development of the LTC provision system. Except for bed construction, which usually brings in public investment, the central government did not set up numerical targets equivalent to other key issues, such as economic growth. For example, China MOCA’s 13th Five-year Planning aimed to increase the percentage of LTC beds to 70% of total institutional beds, and the ‘Instructions on the Construction and Improvement of Ageing Health System’ by China NHC targeted 30% of total beds in the primary health service centres by 2022. Whilst, regarding LTCI, the 13th Five-year Planning formulated by China MOCA and China HRSS briefly mentioned that the goals of the LTCI pilot were to ‘encourage [local areas] to explore LTCI’ and ‘strive to establish LTCI’ by 2020. The wording in the policy texts indicated that the establishment of LTCI through pilots was negotiable.³³

5.4.2 Follow-up policymaking

The lack of follow-up policymaking at the central level was observed. One case in point was the failed effort on making the 13th special Five-year Planning on LTC. China NHC made this proposal to China DRC. Due to the significance of Five-year Planning in China, this move could be a positive stride in LTC provision. However, China DRC rejected the proposal after processes and feasibility assessments. The result indicated that China DRC did not view the LTC issue as important enough to make special Five-year Planning. Another case was about the performance of the newly established BHI. The quote below illustrates that BHI published two policies concerning medicine administration promptly after its establishment but has not acted on LTCI yet. Reasonably, this inaction raised the speculation that the priority of LTCI on BHI’s agenda was low compared to health system reform.

Its (BHI) statutory responsibility is just finalised, and we have not seen BHI doing anything [about LTC]. Several policies have been made recently, which are all about medicine. It may be due to the fact that health system reform is a prominent problem and so focuses on it. Whatever, no action on LTC so far! (CBS10: senior official, China NHC)

A pressing issue on which national strategies did not take tangible action was the severe shortage of a skilled workforce for LTC. A vast majority of participants from the central government, Beijing, and Shanghai shared a view that a severe shortage of skilled workforce was a nation-wide, widespread, serious, and far-reaching problem and a key constraint to LTC provision in China. The shortage of a skilled workforce originated from structural factors at the macro level, such as demographic changes and industrial bias against the care sector. The total labour force was declining, and the labour shortage has been worsening due to demographic changes. The willingness to join the health and social care workforce was low

³³ See <http://www.nhc.gov.cn/ljks/s7786/201911/4cbecd7450694416a268a181f9b37e92.shtml>.

due to practical considerations, such as high labour intensity, high social risks ³⁴, low salary, bad working conditions, the low social status of careers, and the lack of opportunity for career development. Most of the causes of the declining labour supply stemmed from deep-rooted bias against the care sector. One participant from Beijing MOCA referred to the Malta case to illustrate the distorted labour market in China. Despite the severe shortage in the labour market, care workers and professionals earned much less than their labour value.

Both direct and root causes of the shortage of a skilled workforce for LTC indicated that reversing labour supply was far beyond the capacity of local governments. However, the data finds generally less attention paid by the responsible departments, such as China MOCA and HRSS. As quoted below, a senior official at China MOCA felt regret for a failed endeavour to establish a new occupation. This proposal was aborted at the final stage due to the lack of a legal basis. The failure indicated that outdated legal systems hindered attempts to revise the vocational qualification system for care professions, and China HRSS, as the responsible department, paid little attention to it.

We [China MOCA] endeavoured to introduce the qualification of the professional caregiver for cognitively disabled older people but failed in the last stage even if it has been included in the occupation dictionary. In our country, [China HRSS] requires that a [new] occupation should be created based on the law...Then, we tried another way, namely, introduce the new occupation in the name of industry. It also failed as it was considered arbitrary charges! arbitrary training, or arbitrary charges! Therefore, even now we have no way to achieve it. (CBS01: senior official, China MOCA)

The consequence of ambiguous national strategies with inaction was the suspicion of the commitment to tackling the LTC issue held by the supreme leadership and central government departments. Coincidentally, two participants from China NHC and a Beijing university compared the vigorous action on implementing MLSS in the 1990s to the LTCI pilot. They both believed that the situation back then was more difficult to introduce MLSS, whilst the central government showed determination to achieve it. In contrast, the willingness to establish LTCI was far weaker. Thus, the question was raised as to “whether the superior [central government] was determined to do it (LTCI)” (CBS15: researcher, a Beijing university). The data extract below illustrates the doubt of the supreme leadership’s commitment to improving LTC delivery.

[My suspicion is] the LTC problem might not be severe enough and thus attention to it is not enough either. I guess all policy deadlocks will be solved if the problem gets severe enough. (CBS01: senior official, China MOCA)

To summarise, a lack of performance monitoring on the policy pilots and follow-up policymaking evidenced the inaction of national strategies for LTC provision. Politically, ambiguity and inaction induced suspicion about the supreme leadership and the central

³⁴ For example, due to their disadvantaged position and insufficient legal protection, care workers are often at risk of being attacked by older persons and their families simply because they are dissatisfied with their services, and even face legal risks when providing services.

government's commitment to LTC provision. In turn, this doubt undermined the steering power of the central instructions over local implementation. Therefore, various or even chaotic implementation of national strategies followed, and to what extent the central instructions were to be implemented varied across local areas.

5.5 Problematic implementation

This section will illustrate the problematic implementation of national strategies for LTC provision from the perspective of senior officials and researchers rather than frontline personnel and service users. The data suggests that national strategies were implemented largely based on local contexts. With limited effectiveness, the LTCI pilot and integration were unable to overhaul the existing ageing policy system dominated by targeted welfare and social care provision.

5.5.1 Targeted welfare with limited effectiveness

The majority of participants in the study from the central government and the two case study sites reported that the effectiveness of targeted welfare was limited, as most of it was means-tested and only low-level benefits were provided. Generally speaking, social welfare benefits could be regarded as “a drop in the ocean” (CBS02: senior official, China MOCA), that is, the level of welfare benefit was too low to make any significant difference for disabled older people. As one participant commented, inadequate welfare benefits “only differ in providing or not providing” (CBS04: senior official, China MOCA). Therefore, for special groups of older people who were eligible for state welfare, low-level benefits were far from being enough to meet the needs of disabled older people. For the vast majority of older people outside the state welfare system, there was a significant gap between pensions and average LTC service costs in China. This indicated that pensions, which were the major or only source of income for most Chinese older people, were inadequate to cover basic LTC services.

5.5.2 Unsuccessful social insurance pilots

The objective of the national pilot scheme was to explore a stable funding mechanism for LTC within 1–2 years. Meanwhile, the national pilot encouraged exploration and allowed local areas to make adjustments in accordance with their real conditions. In general, local pilots illustrated high consistency with the central instruction in three key aspects: prioritising urban residents over rural residents; preferring to use health insurance funds and public funds; and limited coverage. However, a large number of participants at China MOCA, China NHC, and Beijing criticised the LTCI pilot, believing that the omnifarious pilot exposed lots of problems. Crucially, the data shows that so far, as no successful experience in funding mechanisms has been identified in the local pilot, the responsible department of China HRSS viewed the LTCI pilot as a failure.

The perfunctory way of carrying out the LTCI pilot in local areas indicated the lip service of local governments. A few government officials and research participants from the three sites reported that many local areas aimed at launching the LTCI pilot without meticulous planning on key issues, and therefore the LTCI pilot was being conducted as a symbolic response to the central directives. The account referred to below was made by a senior official who had close connections with China HRSS. He/she criticised how local areas paid close attention to the

gesture of launching the pilot rather than establishing a stable and effective institution with long-term planning to meet LTC needs through dedicated design. Therefore, the LTCI pilot in local areas at most served the purpose of showing policy responses to the central instruction on the pilot.

In my view, 15 cities are relatively, in one word, perfunctory! Namely, I do what the condition allows! It [policymaking] did not consider accuracy, such as conducting insurance actuarial. [It] did not consider long-run issues either, for example, conducting actuarial for 5 years, 10 years, or even longer...namely the objective of designing an institution [LTCI] is to make it happen and get funding in whilst the framework [of LTCI] and interactions and coordination between various systems are less considered... (CBS29: senior official, Shanghai HRSS)

Furthermore, as with other types of social insurance, two out of five research participants in this study asserted that a lack of specific national instruction on the LTCI pilot led to inequality in insurance benefits across local areas. This causal relationship was already found in the case of the 'New Rural Cooperative Pension Insurance' scheme referred to below; however, the LTCI pilot followed the same path. This was predicted to bring high costs to integrate local LTCI and unify insurance benefits throughout China like the other five types of social insurance experienced in the past decades.

The central government cannot overlook it 100%! At least you should provide an institution, shouldn't you? Without the national framework, they (insurance benefits) solely depend on local areas with [limited] financial support from the central government. They just do what they are willing to do [without any obligation]. Hence, the level of insurance benefits is higher in developed areas and lower in less developed areas. (CBS15: researcher, a Beijing university)

5.5.3 Superficial and chaotic integration

The integration has been promoted since 2015 and has, since 2018, become China NHC's primary responsibility associated with population ageing. However, a large number of participants from the three sites pointed out several problems in integration. Overall, they explained that a lack of policy clarity at the national level caused chaotic integration and random use of the ability and needs assessment standards in LTC delivery throughout China. The quote from a senior researcher at China NHC comprehensively commented on the problematic integration in local areas. He/she criticised the ambiguity and randomness in the development of integration at the local level caused by the absence of specific instructions from the central government departments.

Integration has been conducted in a muddle-headed way...Some issues even did not have clear definitions. Just do it randomly! Local areas have different understandings [of the concepts]. Just do it first!...in China, [it might be the tradition of] doing it at the request to do so? Do it first no matter if you have thought through...Most local areas are conducting integration in a sloppy way, indeed!...some local areas use MOCA's [needs assessment] standard and some use something from nowhere. (CBS11: researcher, China NHC)

One problem was institution-centric integration. Namely, vigorous implementation of integration occurred between medical institutions and care institutions. In contrast, few accounts addressed integration in the community and home settings, which provided over 90% of services for older people. Such evident absence of accounts highlighted the tendency for integration to favour institutional settings. This tendency was consistent with the policy literature review. Significantly, the four types of integration summarised by China NHC were all about integration between social care and medical institutions, including contracted health care by care institutions, health care in the community and home settings by medical institutions and care institutions through the provision of built-in infirmaries, and social care provided by medical institutions.³⁵ However, most participants criticised the institution-centric integration for causing chaos in service delivery. Essentially, care institutions were not supposed to perform illness treatment. Therefore, the last two forms of integration blurred the boundary between social care and health care in a harmful way. Particularly, built-in infirmaries in care institutions and social care provided by medical institutions did not conform to rationales. With the high standards required by the NHC system, providing a built-in infirmary meant a significant investment in equipment and professionals, which was unaffordable for care institutions.

The other problem was the random use of ability and needs assessment standards across government departments and local areas. In the face of widespread division and chaos, the data did not show that the central government has given specific instruction on UNAS in a concerted way. As discussed previously, the ability and needs assessment was part of an ideal LTC provision system and the foundation of LTCL. Most participants agreed on the imperative of assessing ability and demands for precise and equal LTC provision, viewing it as the scientific tool to identify the target population and demands for LTC. For example, when listing crucial welfare policy development in recent years, one participant at China MOCA highlighted the assessment for improving welfare provision as being more scientific.

What I intend to highlight is that the process of welfare provision and efficiency evaluation is more scientific [than ever]. In the past, welfare provision was more like a flood pouring in without assessment and efficiency evaluation. Then, we introduced an industrial standard of ability assessment for older people in 2013 to assess their incomes, health condition, and social communication ability. Only those who match certain standards are eligible for welfare benefits. (CBS03: senior official, China MOCA)

However, in local areas and government departments opinions varied concerning what standard to be adopted, as all local areas and functional departments tended to use their own tools, resulting in vertical and horizontal differences in this regard. Furthermore, a few research and government official participants worried about a tendency to formulate assessment standards in local areas, that is, a disproportionate weight was given to illness factors. The account below elaborates on potential harm to LTC provision caused by this

³⁵ See <http://www.scio.gov.cn/ztk/38650/41874/index.htm>.

tendency, such as misjudging the service demands of LTC and thus creating a mismatch between LTC needs and LTC provision.

...it [UNAS] gives heavy weights to illness factors, [hence] high scores are given to illness factors. Then the result is your score is high if you have illnesses like heart disease, high blood pressure, and diabetes, but actually you are independent. On the contrary, a cognitively disabled person gets low score because his ADL is fine, such as eating, sleeping, and walking, but he has agonism or is very aggressive. So, it [UNAS] is deviated [from LTC]. (CBS19: researcher, CASS)

Given the chaos, most participants urged the unification of assessment standards at the state level for multiple rationales. Technically, UNAS was supposed to identify “the most needy”, “the most vulnerable”, “the smallest”, and those “with the highest demand” groups of older people for precise LTC provision (CBS11: researcher, China NHC). Economically, UNAS saved the resources for departments and local areas to make assessment standards and prevented conflicting service delivery. Ethically, UNAS safeguarded equity in LTC provision by applying a unified standard to the entire ageing population. Furthermore, UNAS removed the barriers between social care and health care systems and integrated different forms of services for the ageing population. This was the essence of the integration of the two systems. Lastly, policy learning from European countries and Japan also supports UNAS.

Superficial and chaotic integration was unable to transform the landscape of the existing service system for the ageing population. A large number of participants from the central level and the two sites explained that the service system for older people remained a social care system, and its service capacity was far from adequate, particularly LTC delivery capacity. One government official participant stated comprehensively that: “the current situation is [that the aggregate] supply is insufficient indeed...such as insufficient and imbalanced [service] supply” (CBS04: senior official, China MOCA). This statement was written into China MOCA’s self-reflection report to China NPC and the State Council in 2017, representing a consensus at the central level. More specifically, the account provided by a senior official below explains the current unsatisfactory situation of LTC delivery in China, where social care was still the focus of the service system, and a comprehensive shortage of LTC in the institutional, community, and home settings was evident.

LTC [provision] in China is far behind demands! Only a few disabled older people live in care institutions, and services in the community and home settings more focus on social care or domestic services, and those LTC services with direct contact with older people are less provided. (CBS01: senior official, China MOCA)

5.5.4 Minimal role of the market

Throughout the interviews, only a few accounts from participants raised the topic of private insurance and LTC service markets. This indicated the limited role of the market mechanism in LTC provision in China. Private insurance as a funding source remained a marginalised force in a combined funding mechanism. According to one research participant with expertise in insurance in China, there was only a small number of products available in the insurance market throughout China, which meant a quite small market given the 220 million ageing

population. Similarly, fewer accounts and insufficient service capacity evidenced a limited role by the market in LTC delivery.

To summarise, with general national frameworks, local governments interpreted and implemented them differently. The diversified pilots on LTCI and integration indicated that national strategies with a lack of clarity and conflicting thoughts did not strongly steer local implementation, allowing substantial deviations based on local contexts. Pilots demonstrated limited effectiveness and therefore were unable to transform the current ageing policy system towards a more LTC-centric one. As a result, a combined funding mechanism was still dominated by targeted welfare and supplemented by a small-scope LTCI and a minimal role by private insurance. LTC elements have been added to the service system for older people; however, low-degree integration did not reverse the service delivery system dominated by social care.

5.6 Chapter summary

This chapter examined national strategies for funding and delivering LTC from four perspectives: (1) the contents; (2) critiques on a lack of policy clarity; (3) critiques on a lack of follow-up action in the implementation; (4) problematic implementation. According to the participants, despite increasing attention to LTC provision at the central level, the state's commitment was too conditional to prioritise LTC in the ageing policy system and specify solutions to it.

On the one hand, the supreme leadership and the central government departments showed increasing attention to the LTC issue and tended to address it by giving instructions on funding mechanisms and service delivery, launching policy pilots, and reforming existing institutions. Through a series of instructions from the central committee and central government departments, the state's strategies for LTC provision took shape: a combined funding mechanism consisting of social welfare, social insurance, and private insurance, and health/social care integration to deliver LTC. To embed new elements in the existing ageing policy system, China HRSS and China NHC launched two national pilot programmes on LTCI and integration respectively. More importantly, corresponding institutional reforms on the MOCA, HRSS, and NHC systems throughout China were initiated to enhance their embeddedness.

On the other hand, the supreme leadership and the central government departments did not tend to position LTC at the core of the ageing policy system. Such an ambivalent attitude towards LTC was reflected in conflicting accounts on national strategies among participants at two ministries, including the development of targeted welfare, the imperatives and the financial sustainability of LTCI, relationships between LTC and other types of services for older people, the priority of LTC in the ageing policy system, the public–private relationships in LTC provision, and national steering in the implementation. The contradictory perspectives about national strategies indicated that the central government has not yet finalised any feasible solution to financing and delivering LTC. Moreover, a lack of policy clarity and follow-up action further challenged the state's commitment to LTC provision.

Chapter 6. The Beijing Case

6.1 Introduction

Having set out above the findings relating to the national strategies of LTC provision, this chapter will explore the implementation of these national strategies in Beijing by examining the highly diverse processes of LTC policymaking in Beijing, including how local policymakers conceptualised the LTC problem, discussed proposed solutions, and involved political forces and deliberations. Thus, it contributes towards achieving the second research objective:

- 2) *To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*

The chapter mainly draws upon the interviews undertaken with seven key participants. Four of the participants interviewed were government officials from Beijing MOCA and Beijing HRSS, one of whom was a junior official but responsible for the LTCI pilot in Beijing. Three experts from CASS and two top universities in Beijing were well known in China for their contributions to social policy and all had experience in ageing and LTC policymaking in Beijing. Participants from the central government departments and Shanghai were also referred to when their accounts concerned LTC provision in Beijing. The rest of this chapter is organised as follows: Section 6.2 examines competing LTC problem definitions influenced by four factors; Sections 6.3 and 6.4 illustrate competing policy proposals of financing and delivering LTC respectively; Section 6.5 analyses political will and power relations between different types of policymakers in LTC policymaking; and Section 6.6 provides a summary of the chapter.

6.2 Competing conceptualisations of the LTC problem

Most approaches to policymaking deal with the policy problem. However, the policy problem itself is problematic as it is defined rather than identified or discovered (Turnbull, 2010). In this study, needs were frequently referred to as the start point of ageing policymaking, and the conceptualisation of the LTC problem centred around perceiving the magnitude of LTC needs requiring policy intervention and thus the severity of the LTC problem and government responsibility for addressing LTC needs. In Beijing, four factors were used by policymakers to perceive LTC needs and then conceptualise the LTC problem, and sharp divisions among government officials and between government officials and researchers were observed in the construction of the LTC problem.

Accounts from participants at Beijing HRSS illustrated that its superior authorities presented LTC as an issue to be addressed. The data shows that the LTC issue was not even mentioned as an important factor that was considered in the LTCI pilot throughout the interviews with two officials from Beijing HRSS. However, the extract data below demonstrates the process in which Beijing HRSS was involved in the LTCI pilot by dual political pressure from its superior authorities. The LTC issue did not come to the agenda in Beijing HRSS, and Beijing HRSS tended to distance itself from LTCI when the Beijing PC formulated Beijing Regulation. The only driver for Beijing HRSS to participate in the LTCI pilot was political pressure from the local legislative body, Beijing PC, and its superior government, China HRSS. This process indicated that

whether the LTC problem was perceived or recognised by the responsible departments had little influence in LTC policymaking, but strong political pressure brought the LTC issue onto the agenda for Beijing HRSS.

We had no interest to step in [LTCl]. Beijing PC came to us hoping [Beijing HRSS] [would] oversee the pilot in the Haidian District, but we refused. We didn't want to be involved! Even when Beijing PC tended to add us to the responsible list for implementing Beijing Regulation, we firmly refused! Never want to be involved!...When the national LTCl pilot was launched, Beijing PC came to us again asking Beijing HRSS to lead the pilot in the Shijingshan District. We thought it might be a good time for LTC. After all, the national pilot was launched. [That is how] we accepted the proposal this time. (CBS17: junior official, Beijing HRSS)

Feedback through public opinion was the primary method to perceive policy problems in Beijing. As one government official participant reported, "our resources and energy must go to those issues with the most public attention" (CBS13: senior official, Beijing MOCA). The way of dealing with public opinion indicated that Beijing policymakers attached great significance to public opinion. The data shows that monitoring public opinion was a standard process in the government system. A regular (weekly) report on public opinion was produced and submitted to the core persons in charge of the Beijing Municipal Government and functional departments. In addition to formal and procedural monitoring, the data also shows that the mayor of Beijing himself conducted investigations to gauge public opinion.

Strikingly, regular monitoring of public opinion did not reveal the problematic situations of LTC in Beijing, such as complaints or voices about large-scale LTC needs, unmet or unaffordable LTC needs, or the shortage of LTC delivery. Therefore, Beijing MOCA ruled out LTC needs for policy intervention and thus the existence of the LTC problem in Beijing. The extract below shows that Beijing MOCA was certain to claim no LTC problem in Beijing for multiple reasons. In terms of causality, LTC should be perceived as natural rather than problematic. Furthermore, LTC was affordable and accessible because of older people's advantageous economic situation and the excellent medical resources available in Beijing.

No LTC problem [in the Haidian District and] in other areas either. Disability is an imperative stage of life cycle, isn't it? How can it be a problem? What makes LTC striking is the huge scale, but it is because the population size is huge. Needs are the primary driver. You see, it doesn't matter if the LTCl pilot is conducted in Haidian District as LTC needs are not their basic needs or basic driver...residents there are rich and able to pay [for the LTC services they need]...and there are many excellent hospitals...(CBS13: senior official, Beijing MOCA)

Reliance on feedback through public opinion to perceive the LTC problem assumed that all groups of people were able to express their interests equally. However, voices from different cohorts of the ageing population significantly varied. The red guard generation who experienced the Cultural Revolution had a strong awareness of seeking support from the government to defend or fight for their interests, and the data gives positive evidence in this

regard. For example, resistance from veterans in Beijing³⁶ forced Beijing MOCA to suspend policymaking that aimed to provide a new type of allowance for older people. Another case was the policymaking on providing government-funded legal services related to wills for older people, motivated by voices from other older people who had suffered huge property losses due to fraud. Receiving intensive hotline and petition letters, Beijing MOCA believed that voices were strong enough to initiate policymaking to address the problem by providing public legal services. Relatedly, the above two groups were privileged: the former had resources and channels to high-level post holders to draw the attention of the central government; the latter were wealthy older people. In contrast, the data had no evidence that voices from disabled older people influenced any ageing policymaking in Beijing, indicating that public opinion was incomplete. Importantly, this situation was not specific to Beijing. The account below shows that biased public opinion failed China MOCA's efforts to shift the focus of ageing policy from social care to LTC.

Most policies aim for average older people over 60 and deal with daily life needs...It is the bamboozler by healthy older people who caused the top leadership to believe that services for older people are related to all over 200 million older persons. In fact, they are not! (CBS01: senior official, China MOCA)

All four Beijing government official participants highlighted budgetary constraints to LTC policymaking. Specifically, one senior official at Beijing MOCA tended to use it to define a doable LTC problem for policy intervention using three steps: highlighting the limited financial capacity of Beijing; denying the inflexibility of LTC needs as an entity for policy intervention; then defining cognitive disability-related LTC needs as inflexible to fit the perceived limited fiscal capacity. This definition was proposed at a national conference in 2018³⁷ and discussed in the interview (CBS12, senior official, Beijing MOCA). Beijing MOCA has not formally adopted it in the policy; however, it represented a way of thinking in Chinese policymaking. The account below explains the popularity of this 'reversed logic' in China, which prioritised fiscal stability over LTC needs, guided policymaking to minimise the scope of inflexible needs for policy intervention, and eventually defined a narrow government responsibility.

Theoretically, public services should be based on [people's] needs. However, the government takes the other way around, starting with accounting fiscal capacity, defining the target population, and then deciding to what extent to support them...So called inflexible needs or core needs, all of them are defined by them [policymakers] according to fiscal capacity at disposal...It is nonsense. Are ADL needs not inflexible? Are the needs of those with moderate disability not inflexible? (CBS15: researcher, a Beijing university)

Based on the research on China's population, social policy, and insurance, all three researcher participants involved in LTC policymaking used evidence to conceptualise the severe LTC problem along four dimensions: causality, gaps, consequences, and severity. Firstly, they formed causality by viewing LTC need as universal, large-scale, and unaffordable, as disability was unavoidable in the later stages of life, with a longer life expectancy and a large population

³⁶ This refers to those retiring from a high-ranking position in the army and living in Beijing.

³⁷ Attended by the researcher.

base. Secondly, LTC services in the market were unaffordable for the vast majority of older people relying on the pension as the primary or even sole income source in China, highlighting the prominent gaps in addressing LTC needs. Besides, families have become increasingly unable to provide adequate care for family members with LTC needs, given the rapid societal transformation in China. Thirdly, with the above challenges, some local areas have witnessed severe consequences of population ageing and increasing disability prevalence among older people, such as rising suicide among older people. Lastly, the accumulative and irreversible demographic change and the severe consequences as outlined above determined the severity of the LTC problem, requiring proactive and prompt government intervention, which was supposed to be universal for the entire ageing population. The two quotes below illustrate the commonly shared views of a severe LTC problem among researcher participants in this study. This view was consistent with mainstream academic research in China, as reviewed in Chapter 2. Also, it conforms to bureaucratic data released by China NCA in 2016, namely, that there were over 46 million disabled older people, which constituted a big challenge for China.

So called social problem, the simplest way to judge if it is, the immediate consequence is the rise of suicide among older people. It is a strategic issue. It will be too late if the government does not pay attention to it now. (CBS15: researcher, a Beijing university)

LTC [needs] are kind of needs which everyone may have at some stage [in life]. Furthermore, most of them are to face the problem that no family member is able to care, and they are unable to afford it. (CBS20: researcher, a Beijing university)

Although the data shows that only researchers used evidence to inform the construction of the LTC problem, evidence on LTC was available for Beijing government officials. Some participants reported that ample evidence on LTC was available from a series of policy-related research projects and the ability and needs assessment system in Beijing. However, they were either overshadowed or just ignored for political or other reasons. There was no data in this study that showed that the ability and needs assessment system provided available evidence, nor were the research findings utilised by government officials in LTC policymaking. In particular, even the efforts to gain reliable research evidence for LTC policymaking failed. For example, Beijing HRSS rejected surveying LTC needs before launching the LTCI pilot in the Shijingshan District. The quote below was from a researcher participant involved in a large-scale ageing policy-related research project commissioned by Beijing MOCA. Despite huge public expenditure and high-quality research findings, Beijing ignored large volumes of data on its service system for political reasons. It illustrates the disappointing way in which government officials dealt with research findings, namely, the arbitrariness of handling research evidence, and that politics determined how research evidence was used in policymaking.

This project was highly appraised by Beijing PC...and Beijing MOCA too...Such valuable data about all service facilities in each district of Beijing! So far, no one told me how to use it. Without application to policymaking, this [large-scale] project was nothing. Just waste of resources!...As I know, Beijing MOCA

commissioned another similar project by another department and this one was left behind...I think it is about politics, but I cannot approach the deputy chief to challenge...maybe they had reasons, but I don't know. (CBA15: researcher, a Beijing university)

To summarise, the LTC problem was conceptualised differently by Beijing participants, and four factors affected the construction process. As seen in Table 14, various conceptualisations of the LTC problem can be grouped into two major categories: ignorance/denial and underplaying of the LTC problem, and a compelling LTC problem. Political pressure from superior authorities made LTC issues invisible or unimportant in the LTCI pilot, and public opinion failed to detect LTC needs, thereby making LTC issues non-existent. Considering financial constraints, Beijing MOCA constructed a minor LTC problem. Unlike the above, all researcher participants in this study have been informed by research findings and have defined a compelling LTC problem in Beijing.

Table 14 LTC problem conceptualisations in Beijing

Policymakers	Key factor(s) to perceive LTC needs	Perceptions of LTC needs	LTC problem conceptualisations
Beijing HRSS	Pressure from China HRSS and Beijing PC	Not concerned	Ignorance of the LTC problem
Beijing MOCA	Public opinion	No unmet LTC needs	Denial of the LTC problem
	Budgetary constraints	Small-scale LTC needs	A doable LTC problem focusing on cognitive disabilities
Researcher participants	Research evidence	Universal, large-scale, and unaffordable LTC needs	A compelling LTC problem

6.3 Competing funding mechanisms for LTC

This section will analyse policy tension points commonly raised by Beijing participants around the LTC funding mechanism. As discussed in section 5.2, the central committee instructed a combined funding mechanism consisting of social welfare, social insurance, and private insurance. Various policy alternatives related to each constituent part were proposed and discussed in the Beijing policy community. The discussion around proposed solutions was characterised by wide and deeply conflicting opinions backed up by different rationales.

6.3.1 Social welfare as a funding mechanism

Except for two government officials at Beijing HRSS who did not address social welfare, opinions of other Beijing participants were divided on social welfare as an LTC funding mechanism. By the criteria of policy effectiveness and welfare tradition, social welfare was embraced by government officials. From both sides, two participants at Beijing MOCA supported the existing social welfare system. On a positive note, one senior official at Beijing

MOCA believed that Beijing has improved social welfare significantly with economic development in recent years and approaching universalism. Combined with his/her accounts on no unmet LTC needs in Beijing, this participant indicated that the current social welfare system was an inclusive and effective funding mechanism. More negatively, however, faced with voices of reforming or even abandoning targeted welfare, another senior official at Beijing MOCA warned that there was a moral risk to this move, as the quote below explains. This participant believed that it was a moral responsibility for the government to provide state welfare as a social safety net for special groups of people. Besides, the targeted approach has been the tradition of welfare provision since the foundation of PRC. Therefore, abandoning targeted welfare not only lost the purpose of welfare provision but also betrayed the tradition. This view demonstrated that targeted welfare as a policy paradigm had a far-reaching impact on ageing policymaking. It was evidenced by the Categorisation policy, which strengthened the targeted approach to welfare provision by prioritising special groups of older people to ensure their needs were being met but did not target disabled older people or LTC needs.

It is MOCA's tradition providing welfare benefits for those special groups of people and it is immoral to give up such responsibility now. If we do so, we lose morality.
(CBS12: senior official, Beijing MOCA)

In contrast, all researcher participants from CASS and two universities challenged Beijing MOCA's view that the current welfare system was inclusive and effective and preferred a more inclusive approach. They viewed existing targeted welfare as ineffective to finance LTC due to its minimal coverage and low-level benefits. Hence, changes to targeted welfare were demanded, either turning to more inclusive social welfare or social insurance. This view was based on the perception of universal, large-scale, and unaffordable LTC needs and consistent with their definition of the LTC problem.

6.3.2 Social insurance as a funding mechanism

Beijing participants did not reach a consensus on the imperative and sustainability of social insurance as a funding mechanism. By recognising the severe LTC problem in China, all three Beijing researcher participants demanded government action to establish new institutional arrangements, such as LTCI (section 6.2). They viewed LTCI as a strategic response to population ageing in China due to the magnitude of universal and unaffordable LTC needs and the severe consequences of unmet LTC needs. However, government official participants gave significantly contradicting accounts on the necessity of LTCI out of concerns for policy responsiveness and stability.

On the one hand, all government official participants acknowledged the imperative of LTCI, showing support for central instructions. For example, one government official participant stated that "LTCI was the right response to the LTC problem and all the others were just '*Huo xini*' (meddling with the issue)" (CBS12: senior official, Beijing MOCA). They offered their versions of LTCI, such as establishing an independent LTCI to avoid the risk of bankruptcy of health insurance funds and integrating all types of social insurance funds relating to LTC. From the perspective of policy responsiveness to the superior government, a large number of participants from the three sites comprehended this stance and being the political centre of China amplified this effect in Beijing. Beijing official participants believed that instructions

from higher authorities must be thoroughly implemented. In this regard, Beijing performed better than in other local areas. Therefore, despite disagreement, they endeavoured to show support for LTCI in principle. The account below explains the amplification effect of pursuing policy responsiveness from the perspective of Beijing's leadership in China.

The political situation [in Beijing] is different and the way of doing as well. Objectives pursued by the [local] leadership are different too. The Beijing leadership aims at being promoted to the central leadership; hence all its actions must follow the instructions from the supreme leadership... This is viewed as being responsible for the superior government and officials, for those at the central level. (CBS11: researcher, China NHC)

On the other hand, official participants expressed evident resistance to LTCI, given zero unmet LTC needs, a small number of LTCI cases, and stability consideration. Two participants based at Beijing MOCA and Beijing HRSS asserted that advanced social care and the generous health care system have met all LTC needs in Beijing, and zero unmet LTC needs made a new and costly institution for LTC unnecessary. Besides, only a few countries have established LTCI. LTCI was only one of many options to tackle the LTC problem, and limited cases did not constitute strong evidence for China to adopt LTCI. Rather than the stated reasons, the preference for stability explained the strong resistance to LTCI in Beijing. Many participants from China NHC, Beijing, and Shanghai reported that being the capital of China had an enormous impact on policymaking in Beijing. The preference for stability and therefore great cautiousness for changes and risks in policymaking served the purpose of maintaining stability in the political centre of China. The account below demonstrates that Beijing government officials valued caution in making changes to policymaking, indicating that the preference for stability has been deeply rooted in the government system.

One old leader [of Beijing HRSS] reminded us that Beijing [officials] favours 'waking up early but acting late', meaning Beijing would like to take a long time to observe the situation until it is cleared before any tangible action. (CBS17: senior official, Beijing HRSS)

Whether LTCI was financially sustainable was the most debated point by all six Beijing participants. This concern was related to the effectiveness of fundraising methods and the sustainability of two main funding sources. Overall, they believed that aiming at the ageing population impaired LTCI's fundraising capacity by reducing the scope of fundraising. Ideally, LTCI should aim at the entire population like the other five social insurances in China. The quotes below explain the genetic defect of this design. In China, the vast majority of older people with weak financial capacity were unable to afford LTCI. Therefore, the current design of LTCI focusing on older people was doomed to be financially unsustainable.

Except for big cities, most Chinese old people are poor... They were unable to afford [mandatory] social insurance [e.g. LTCI]. (CBS13: senior official, Beijing MOCA)
They depended on the pension. The level of pension in China is low you know. If LTCI aimed at them, it is impossible to achieve the break-even point for LTCI. If we are determined to establish LTCI, I think it must aim at the entire population. (CBS12: senior official, Beijing MOCA)

Regarding health insurance funds as the primary funding source, they shared the concern about its sustainability with participants from the central government (subsection 5.3.2), viewing it as the most critical problem for LTCI. Concerns like “running out of health insurance funds must bring about catastrophic consequences to the country” were frequently raised by Beijing policymakers (CBS12: senior official, Beijing MOCA), particularly, by Beijing HRSS as the responsible department at the time of the fieldwork. A lack of legal basis for using health insurance funds, the weak capacity of health insurance itself, and excessive consumption of health insurance funds contributed to this concern. For example, they believed that the illegitimate use of a health insurance fund to finance LTC threatened the sustainability of LTCI at the starting point. Then, they felt that health insurance funds could not sustain a new type of social insurance in Beijing. Furthermore, excessive use of health resources and thus high costs of LTC threatened the sustainability of LTCI. Regarding public funds, Beijing participants debated over sustainable involvement of public funds in LTCI. Many government officials valued the injection of public funds as a signal of government support for LTCI. However, others opposed further involvement given the weakening fiscal capacity of Beijing. The account below comprehensively states the financial challenges from three aspects: New Economic Normal, substantial expenditures on re-locating the Beijing government, and the shrinking tax base caused by administrative re-division between the central and Beijing municipal government. These challenges effectively diverted attention away from LTCI.

...the economic situation almost hits the ground, especially this year...you say it [LTCI] should be established by 2020, but funding is the most critical problem. How to solve it? After all, you need to ensure funding sources...For Beijing, [usually] it's not so challenging concerning fiscal capacity. However, Beijing is also facing pressure in recent years...Only take the re-location of Beijing government departments to the Tongzhou District as an example, it is projected to cost hundreds of billions...In the future, the central special district will include Dongcheng District and Xicheng District that will not belong to the Beijing government anymore. This change will result in more than one hundred billion of taxes channelled to the central government. (CBS16: junior official, Beijing HRSS)

Other alternative funding sources were discarded either due to no political support or for being incompatible with stability and political culture. Due to the above deep concerns about the sustainability of LTCI, three participants from Beijing MOCA, Beijing HRSS, and a university suggested alternative funding sources for LTCI, including collecting insurance premiums in the name of health insurance, integrating all LTC-related social insurance funds and aiming at the entire population, and reallocating part of welfare spending to LTCI. Although more sustainable than the existing funding sources, the data shows that none of the alternatives was seriously considered for political or institutional reasons. They were considered infeasible in that they required reforms to the existing public finance and social security institutions, namely changing the current structure of interests and power. Therefore, they contained prominent political risks and were incompatible with the political culture in the government system. No one was willing to break the balance between functional departments by changing the existing public resource allocation model. The account referred to below demonstrates this culture of harmony between peers, avoiding disputes in performing statutory

responsibility and preferring to maintain the status quo.

Based on my research, welfare expenditure is a huge fund that is absolutely enough to establish LTCI. However, it was too difficult to do so. [It is the rule] Don't move my cheese! When I attended a conference, an official from the Beijing Municipal Bureau of Finance asked me...if I can shift annual welfare spending to fund LTCI? But who would like to do so? (CBS20: researcher, a Beijing university)

To summarise, more accounts on LTCI indicated that it received disproportionate attention in a combined funding mechanism. However, it is difficult to find a view supported or opposed by an overwhelming majority of participants. Wide and deep division indicated that Beijing policymakers did not achieve a consensus on any key aspect of the main two funding mechanisms, such as their imperatives, effectiveness, target population, or funding sources. The rationales behind their divergent stances included the LTC problem, policy effectiveness, welfare tradition, policy responsiveness, stability (including financial sustainability) and bureaucratic culture.

6.4 Competing solutions to LTC delivery

This section will analyse three tension points that emerged in Beijing participants' accounts concerning how LTC was designed and delivered in Beijing. Firstly, four out of six Beijing participants who addressed LTC design and delivery were divided on what was the degree of priority given to LTC. This point was crucial as it determined whether the service system was social care-based or LTC-centric. By recognising the severe LTC problem, two participants at Beijing HRSS and a university highlighted that the LTC-centric service system was supposed to be built to cope with population ageing. In contrast, Beijing MOCA used Beijing Regulation to underplay LTC in the service system. The data extract below illustrates that, referring to Beijing Regulation, this government official participant treated LTC the same as the other seven types of social care services, all of which were parallel constituent parts of the service system for the ageing population in Beijing. In this way, the significance of LTC was substantially diminished and the boundary between LTC and social care was blurred, both of which impeded LTC delivery in the community and home settings.

Care centres (Zhaoliao zhongxin) and service stations (Yanglao yizhan) are the major two types of service facilities embedded in resident compounds in Beijing. They can be viewed as service institutions like nurseries for older people (Tuolaosuo), aiming for service delivery for older people. 'Huli (LTC)' is one of many services delivered by them. LTC, meals, and housekeeping services...all of these are basic [services for older people]. [Abided by Beijing Regulation], they provide eight types of services are delivered in the community and home settings, including LTC. (CBS13: senior official, Beijing MOCA)

Secondly, despite agreement on limited involvement of health care in LTC delivery, Beijing participants were divided on the effectiveness of a social care-based service system. Beijing MOCA preferred low-degree integration, thereby maintaining the existing social care-based system. Data on integration was not rich; however, accounts from a senior official at Beijing MOCA were critical for understanding how integration was perceived and developed in

Beijing. These accounts included: integration occurred in the institutional setting; LTC was one of many types of home care delivered by social care facilities; and the capacity of service delivery by social care facilities was strong enough to meet LTC needs in the community and home settings. As the quote below demonstrates, the first view replaced the concept of 'integration' with 'integration between care institutions and medical institutions', conforming to the trend in implementing integration throughout China (section 5.3). This conception understated or even ignored the community and home settings, where over 90% of services were delivered for older people according to Beijing's '9064' strategy.

In Beijing, 'health-social care integration' is integration between care institutions and medical institutions...allowing old people to have health care and social care within one institution. (CBS13: senior official, Beijing MOCA)

Vigilance about involving health care in LTC delivery further undermined LTC delivery in the community and home settings due to the context. In China, the well-established primary health care system played an important role in LTC delivery in the community and home settings. Two participants from Beijing MOCA strongly argued for the clarification of the boundary between LTC and health care in terms of required expertise and the costs of service delivery and opposed the wide involvement of health care in LTC delivery. Their perspectives did not encounter an apparent opposite from other participants. The account referred to below illustrates the shared concern for the extensive involvement of health care in LTC delivery in Beijing MOCA due to high costs. Consequently, in the community and home settings, LTC was supposed to be delivered as one of eight types of home care services by social care facilities.

Undoubtedly health care should not lead LTC. It is professional but too expensive! If we use health care [to deliver LTC], it is impossible for us to afford it. (CBS12: senior official, Beijing MOCA)

Regarding the effectiveness of this form of LTC delivery, the views of Beijing participants differed fundamentally. The accounts below show how, in responding to the same interview question, Beijing MOCA and Beijing HRSS participants gave opposing answers. In contrast to Beijing MOCA's confidence in social care facilities' capacity to deliver LTC, one government official participant at Beijing HRSS opposed it by referring to his/her own observation. At the time of the interview, this participant just completed an on-site investigation with Beijing PC. They visited an 8-bed care centre in the resident community, which represented a sample of service delivery and was designated a national health insurance unit, indicating good qualifications and service capabilities. However, LTC delivery in the community was highly doubtful.

Interviewer: *How do you think about the ability of LTC delivery in the community setting by these care centres? In other words, what is the situation of meeting [LTC] needs?*

Participant: *Such capacity is required for all care centres when they were constructed. [It is not a matter of whether they are capable.] They are required to do so [LTC delivery]. (CBS13: senior official, Beijing MOCA)*

Interviewer: *Is it [the care centre] really capable of delivering LTC in the community and home settings?*

Participant: *It is impossible! At first, you should have the personnel. At least, you should have enough professionals...You should have social care workers and medical professionals as well, though the number of medical professionals can be less than social care workers. Otherwise, the nursing home can't sustain. (CBS16: junior official, Beijing HRSS)*

Thirdly, four out of six Beijing participants were divided over the unification of assessment standard despite agreement on its significance to LTC delivery. They all agreed that the assessment was the tool to facilitate precise and cost-saving LTC delivery and avoided the waste of public resources. However, conflicting attitudes about which assessment standard should be adopted as the unified one were vividly observed between Beijing MOCA and Beijing HRSS. The quote below shows Beijing HRSS's controversial accounts on UNAS, namely, supporting the unification of assessment standards across functional departments whilst opposing any standard formulated by other departments, for example, the MOCA-led UNAS introduced in 2019. One official participant at Beijing MOCA attributed the resistance to the fact that "Beijing HRSS has not realised the significance of UNAS" (CBS12: senior official, Beijing MOCA). However, this study would suggest that conflicting views reflected the departmental divisions that existed, due to their differing agendas.

For instance, illness treatment standards are made by NHC, and HRSS only manage funding, including payment...fighting with each other, because MOCA, NHC and HRSS all intend to make a standard. It's a waste of national resources...We won't use any other standard even they make new standards in the future... [I agree that] It must be a national standard. (CBS16: junior official, Beijing HRSS)

To summarise, Beijing participants were divided over the design and delivery of LTC. They did not achieve an agreement on positioning LTC at the centre of the service system. In line with this division, despite agreement on the limited involvement of health care in LTC delivery, Beijing MOCA tended to maintain the existing social care-based system through low-degree integration by narrowing down the scope of integration. However, Beijing HRSS highly doubted its effectiveness of LTC delivery. Due to different departmental agendas, Beijing MOCA and Beijing HRSS were divided on UNAS despite agreeing on its significance.

6.5 Political context for LTC policymaking

This section will examine the political contexts for LTC policymaking in Beijing in terms of political will at the municipal level and power relations between different types of policymakers.

6.5.1 A weak political will at the municipal level

Regarding LTC policymaking, a weak political will was evident throughout the Beijing government. Overall, the doubts about the commitment to LTC at the central level hindered the formation of a strong political will in Beijing. Given the ambiguity and inaction of national strategies (sections 5.3; 5.4), both Beijing government official and researcher participants

suspected the supreme leadership and the central government's determination, and a doubtful interpretation exceeded certainty about it. Meanwhile, there were three reasons why they were doubtful about whether LTC was the bottom-line priority in Beijing, considering the passive attitude to the national LTCI pilot, the low priority of and little attention to LTC, and a lack of coordinated action.

Firstly, being out of the national pilot scheme cast doubt over the commitment of the Beijing municipal government. Since "the primary feature of the pilot is being voluntary" (CBS02: senior official, China MOCA), being out of the national pilot scheme was likely an autonomous decision made by the municipal government. Four out of six Beijing participants attributed the exclusion of the national pilot scheme to three factors. Besides a late application, the deep cause was the concern for the failure and its catastrophic consequences to Beijing. Therefore, Beijing preferred a slow pace of change before clarifying the situation, such as figuring out the real intention to launch the national LTCI pilot (subsection 5.3.2). Besides, with strong fiscal capacity, Beijing had the confidence to eliminate the negative impacts of early decision-making delays through "overtaking in curves" as long as Beijing was determined to catch up with LTC policymaking (CBS19: researcher, CASS). The account referred to below illustrates that active participation in other national pilots raised reasonable doubts about the municipal government's motives for being passive to the national LTCI pilot.

...Beijing was not designated [as the national pilot area]. So, you tell me, why does Beijing take the lead in everything except this one [the LTCI pilot]? Beijing participated in many national pilots. If we want, we must succeed. (CBS17: senior official, Beijing HRSS)

Secondly, from multiple aspects, the low priority of, and little attention to, LTC was evident in Beijing. Compared with other local areas, the Beijing municipal government paid scant attention to the LTCI pilot. One government official participant involved in the whole LTCI policymaking provided valuable accounts in this regard. The data extract below illustrates that Beijing's political will of conducting the LTCI pilot was much weaker than that of other local areas. Although claiming the Beijing municipal government took LTCI seriously, this participant admitted in a later conversation that "their attention is not here [on LTCI]" (CBS16: junior official, Beijing HRSS). Controversial accounts showed that Beijing HRSS would rather believe that the municipal government prioritised LTCI; however, the comparison with Shanghai and Chengdu provided strong evidence that Beijing did not value LTCI as much as other places.

We visited other pilot areas. They attached great importance to it [the LTCI pilot]. For example, in Shanghai, although the pilot was only conducted in one district, both the Shanghai government and Shanghai CPC committee take it seriously... We must admit that Shanghai takes it much more seriously than we do. In other areas, for example, we visited Chengdu where the mayor and the leader of Chengdu CPC presided over the meeting [concerning the LTCI pilot]. However, it never happened once in Beijing. This is what we concern about seriously. (CBS16: junior official, Beijing HRSS)

A case in point was the failed effort of getting the LTC issue onto the agenda of the mayor's conference. The entry of the mayor's meeting agenda meant serious attention from the local leadership. The two quotes below highlight a lack of attention to LTCI from the Beijing municipal government by comparing the different ways that the municipal government conference dealt with LTCI in Beijing and Shanghai. Although Beijing HRSS's failure might be due to technical issues, such as a badly written report, it still can be inferred that it regarded LTCI as a low priority on the municipal agenda, even at the time when the national pilot was going on throughout China.

The mayor's conference is one government operation mechanism. It indicates that LTCI is an important task that often enters the agenda of the mayor's conference at this stage [in Shanghai]. (CBS13: senior official, Beijing MOCA)

[Commenting on the failed effort]³⁸ Right. They [the municipal government] didn't treat it [LTCI] as a good thing and a newly emerging issue to try to do well. (CBS16: junior official, Beijing HRSS)

In particular, very little data evidenced that LTC was an operational or spending priority, indicating minimal attention from the municipal government. According to a senior official at China MOCA, the best way to examine policy implementation was to "look at what resources have been invested in the policy instead of what the policy has told...the investment of public funds is the most important" (CBS02: China MOCA). Applying to Beijing, there was little evidence of specific action that drove financial resource decisions on LTC. For example, one government official participant at Beijing HRSS insisted that LTCI should be considered only under the condition that "excessive funding" was to be available (CBS17: senior official, Beijing HRSS). The use of 'excessive' indicated the extremely low priority of LTCI on Beijing HRSS's agenda. Also, setting this as a low priority was prominent in the Beijing Municipal Finance Bureau (FB), who rejected Beijing HRSS's request for funding support for LTCI because of a lack of communication between two deputy mayors in charge of Beijing FB and Beijing HRSS. The denial of the request and a lack of communication indicated that Beijing FB responsible for public finance in Beijing and its superior deputy mayor paid little attention to LTCI and did not bother to communicate the issue and consider the necessity of allocating public funds for LTCI. Similarly, the deputy chief of Beijing MOCA complained that the expenditure on establishing the ability and needs assessment system was closely and strictly scrutinised and challenged by the audit department, indicating that a necessary expenditure on LTC in other local areas (such as Shanghai) became questionable in Beijing.

Furthermore, Beijing made little effort to overturn the situation of being such a low priority. For example, Beijing participants proposed three alternative funding sources for LTCI, which were more sustainable than the existing two funding sources. However, they were either ignored or barely discussed because they demanded reforms on the existing institutions and political risks (subsection 6.3.2). In particular, inaction on the first option reflected a weak willingness to find sustainable funding sources for LTCI. The quote below illustrates that Beijing HRSS proposed to collect premiums in the name of health insurance. Even in terms of

³⁸ The participant required this part of the conversation to be off the record.

stability and political risks very concerned by Beijing participants, this proposal was available, feasible, and achievable because it was a precedent set by the parallel municipality, Shanghai. However, Beijing did not take any action and thus gave up the opportunity to find a sustainable funding source for LTCI.

...the most critical problem, the funding issue has been solved well. Shanghai is different from Beijing...Shanghai reduced the social insurance premium rate by 1% and used it to finance LTCI. The value of this 1% premium rate is 10 billion...Beijing intended to follow this way, but no one supports it!...because the leadership's concern doesn't reside here, (CBS16: junior official, Beijing HRSS)

Thirdly, Beijing was unable to ensure constant attention to LTC from the municipal and district leadership, and even minor attention was still under threat of being shifted by government officials' turnover. The account referred to below demonstrates the negative impacts of frequent turnover that made all leaders new to the LTC problem and the LTCI pilot, and thus had little knowledge and less recognition of them. In particular, government turnover made the LTCI pilot risky at the district level. For example, when the new chief of the Shijingshan District took office, the LTCI pilot task force arranged an official visit with two objectives: briefing the progress of the LTCI pilot and seeking continued support from the new leader. However, the visit was cancelled at the last minute because the new chief had another meeting. The last-minute cancellation indicated the marginal status of the LTCI pilot on the new chief's agenda, leading to uncertainty about the pilot.

They change so often! Today it is this official attending the meeting and tomorrow it is another one...Worse still, I have to explain [LTCI] once and once again. They know little about LTC and thus you have to give them basic knowledge of LTC. Otherwise, how can you expect their support? (CBS15: researcher, a Beijing university)

Fourthly, a lack of concerted action across related departments in LTC policymaking also evidenced a weak political will at the municipal level. Throughout the interviews with Beijing participants, there was little evidence that the municipal government participated in LTC policymaking in any form, such as convening interdepartmental meetings, listening to briefings, or coordinating three departments. Without higher-level coordination, LTC policymaking was like anarchy without hierarchy, consisting of three paralleling departments, namely Beijing HRSS, Beijing HC, and Beijing MOCA, indicating the inability of eliminating political, financial, and institutional constraints.

6.5.2 Powerful Beijing MOCA and relatively weak Beijing HRSS

Power relations are determined by capacity measured in terms of possessed resources because "access to strategic resources...affects the ability of actors to transform the context" (Hay, 2011, p. 65). The distribution of available policy resources between actors is uneven and changing resource distribution among actors helps explain policy outcomes (Knoepfel et al., 2007; Toke, 2010). Therefore, this study examined knowledge and experience in the ageing and LTC policy domain, public funds for LTC, and political support as strategic resources.

Beijing MOCA was a powerful stakeholder of LTC policymaking, dominating the ageing policy system in Beijing. Its dominance stemmed from Beijing Regulation and proactive involvement based on experiences and knowledge in the ageing policy arena. By setting the focus of service delivery for older people as home care, Beijing achieved a crucial shift in the ageing policy system from focusing on institutional care to home care, with thereby all ageing policymaking revolving around Beijing Regulation to develop home care. This shifting gave leadership of the ageing policy system to Beijing MOCA as home care fell in the social care domain. The quote below provides a view from Beijing HRSS, that is, Beijing Regulation significantly strengthened Beijing MOCA's position in the ageing policy system through rebuilding the service system. Therefore, as the implementer of Beijing Regulation, Beijing MOCA gained support from Beijing PC and the municipal government.

Mainly responding to population ageing, Beijing PC issued Beijing Regulation. [In terms of tasks to be done], Beijing Regulation has little requirements for HRSS. Most tasks are the responsibilities of MOCA, social security and livelihood, such as constructing care homes, care centres in each community and street³⁹ and 'Xiaofanzhuo' (lunch for older people living at home) and so on...With Beijing Regulation, [Beijing] MOCA's responsibilities are pushed forward very quickly and construction started in each district and street. (CBS16: junior official, Beijing HRSS)

Beijing MOCA was generally proactive in the ageing policy system, which helped to strengthen its dominance. More importantly, the data shows that this proactive attitude was advocated by the deputy chief of Beijing MOCA, indicating its popularity in the Beijing MOCA system. UNAS was the case in point. In other local areas, such as Shanghai, formulating and promoting UNAS was normally assigned to an HRSS or NHC department. However, at the time of the interview, Beijing MOCA took the initiative to coordinate all relevant departments to make UNAS at the municipal level. The account below illustrates the firm belief "position is earned by action" that contributed to Beijing MOCA's strong and affirmative stance to ageing policymaking. In other words, Beijing MOCA's outstanding performance and valuable contribution to the ageing policy system lay the foundation for an advantageous position in departmental power relations.

It is no doubt that Beijing MOCA takes leadership in ageing policymaking. Beijing MOCA must lead the service system...Later, Beijing MOCA should be the only body to produce knowledge about ageing policy, such as creating narratives and unifying various new concepts. It would be soon [to occur]... The leadership is not from nowhere! The [dominant] position is earned by action (You wei cai you wei)! You are supposed to offer valuable policy ideas for other departments for a meaningful discussion and coordination across departments before gaining authority. (CBS12: senior official, Beijing MOCA)

Contrarily, Beijing HRSS had a structurally weak role in informing LTC policy priorities. As discussed above, it failed to promote LTCI up the agenda and gain support from the municipal

³⁹ A unit of primary society governance, sitting between the administrative district and the resident community.

government and other departments (subsection 6.5.1). Besides limited political support originated from a weak political will at the municipal level, its shortage of knowledge and experiences in the ageing policy domain and weak willingness to lead LTC policymaking strengthened its weak position in LTC policymaking.

There was a view raised by two participants at China MOCA and China NHC that HRSS was not familiar with the LTC issue due to its only minor connection with the ageing policy system before the launch of LTCI. In this regard, Beijing MOCA and Beijing HRSS were two extremes. Therefore, as a new policymaker, Beijing HRSS did not enjoy the advantage of experience and knowledge over Beijing MOCA. Furthermore, different from Beijing MOCA's proactive attitude, Beijing HRSS deliberately distanced itself from LTCI or kept under the radar in the LTCI pilot. The data shows that "neither Beijing FB nor HRSS has the intention to establish LTCI" (CBS19: senior researcher, CASS). Even taking the lead in the second LTCI pilot, the instruction from the chief director of Beijing HRSS specifically required Beijing HRSS to keep a low profile. In the interview, one government official participant at Beijing HRSS showed the researcher the document with the instruction '*Shao shuo duo zuo*' referring to less talk and more action. With this passive attitude, Beijing HRSS was unable or unwilling to promote LTCI to a wider range, explaining the failed attempt to move LTC to the mayor's conference agenda, the loss of control of UNAS, and the lack of support from other departments.

Also, Beijing HRSS showed little willingness to coordinate relevant departments. Rather, it tended to exclude or distance itself from Beijing MOCA and Beijing HC. As the implementer of the LTCI pilot, Beijing HRSS was supposed to lead LTC policymaking and coordinate other related departments. However, it tended to view other departments as mere "onlookers" (CBS15: researcher, a Beijing university), highlighting its tendency to exclude related departments in LTC policymaking. This tendency was evidenced by complaints found in the interviews that both China and Beijing HC were excluded from LTC policymaking in Beijing and only informed the outcomes at the end of the process. Similarly, the UNAS case confirmed that Beijing HRSS also excluded Beijing MOCA (see section 6.4). The quote below captures such an exclusive or even antagonistic relationship between Beijing MOCA and Beijing HRSS.

Beijing HRSS never recognises what Beijing MOCA and Beijing CA promote regarding LTCI, including what I'm working on [UNAS]. (CBS12: senior official, Beijing MOCA)

6.5.3 Disadvantaged researchers

The power imbalance between government official and researcher participants mirrored the state–society relationship in China. Enhanced by mutual distrust between them, the disadvantaged position weakened the advocacy role of researchers and expert knowledge in LTC policymaking. Government officials dominated access to policymaking for researchers and service providers. Employing certain criteria to select researcher participants, government officials gained power over researchers by offering or denying their access to policymaking. Many central and local government officials in this study outlined the desired qualities for researchers to be selected to join in policymaking, grouped into four criteria: being prestigious in the respective policy arena; being familiar with government officials; or recommended by familiar persons, with a similar mindset or stances; and being cooperative.

Similarly, the criterion applicable to selecting professionals to participate in policymaking was their success in service delivery and organisational management. One research participant at CASS provided a case in point. As a prestigious researcher in Chinese social policy, this participant provided policy consultation for the LTCI pilot at the invitation of Beijing HRSS. When Beijing HRSS rejected the suggestion of surveying LTC needs before the LTCI pilot, this researcher found it difficult to proceed with policy consultation with Beijing HRSS due to fundamentally conflicting ideas. Therefore, he/she decided to resign and recommended another researcher to Beijing HRSS. The successor did not make a similar request but instead presented foreign experiences and proposed solutions. The two data extracts below illustrate two different ways of dealing with government officials, and how the successor was more tactful and cooperative and was thus favoured by Beijing HRSS. It further indicated that researchers survived in policymaking by meeting government officials' criteria at the expense of compromising evidence-informed policymaking.

I suggested surveying LTC needs even only in a few streets. Without data, how can you make a policy to conduct the LTCI pilot? That's bullshit! I never do this!...since they disagreed, I had no intention to stay. (CBS19: researcher, CASS)

They [government officials] have patterns in policymaking. They don't need all information about my research on LTCI. I just show them what they want to know. I even edited my presentation for their convenience. (CBS20: researcher, a Beijing university)

Mutual distrust between government officials and researchers strengthened the disadvantaged status of researchers in LTC policymaking. Most government officials and researchers in this study expressed their distrust of the other side. Therefore, it can be viewed as a common phenomenon in China. On the side of researchers, distrust originated from the doubts about government officials' willingness to listen. Most researcher participants believed that willingness to listen to them was weak when new generations of government officials with a good education took the position. Therefore, they tended to perceive a negative and pessimistic role in policymaking for their participation. Many similar accounts, such as "researchers can do nothing" and "the only role for them is to write for the government" (CBS19: researcher, CASS) or "find evidence to support the leaders' pre-determined policy ideas" (CBS11: researcher, China NHC), showed that researchers were not independent and had limited impact on policymaking. On the side of government officials, distrust stemmed from doubts about the quality of expert knowledge. A majority of government officials in this study provided negative accounts of researchers and their knowledge. They believed that researchers in social sciences, particularly in population ageing, did not have sound knowledge in this field. Expert knowledge was viewed as researchers' self-entertainment, which ignored the reality of policymaking and practices; self-fulfilment for purely academic ends; or untrustworthy for its low quality. The quote referred to below is representative among government official participants, showing commonly negative impressions about researchers.

...local governments also consult researchers by just showing them formulated policy texts because researchers basically are 'low-quality product (SHUIHUO)'. I

really dare not compliment these so-called experts. I have no idea about their [real] expertise, whatever [I believe they are] not serious about it. (CBS04: senior official, China MOCA)

Besides, researchers were not motivated to promote their thoughts and corresponding policy proposals to the government. Facing conflicting opinions, the passive attitude made their voices quiet. Researchers tended to perceive their participation as a moral obligation, namely, doing good for policymaking and society. Therefore, when different views between researchers and government officials appeared, the former was inclined to step back or even withdraw from policymaking. Two well-known researchers in this study shared their experiences, illustrating how researchers interacted with the government. One researcher quitted the policy consultancy with Beijing HRSS, given the difference in obtaining evidence on LTC needs before policymaking in the LTCI pilot, and another gave up convincing Beijing MOCA to continue data exploration of a policy-related research project, even though he/she personally considered giving up to be a substantial loss.

To summarise, Beijing policymakers' accounts demonstrated the unfavourable politics for LTC policymaking, consisting of the alarming lack of political will to make LTC policy change and the dominance of Beijing MOCA as the defender of the status quo. A lack of political will to promote LTC at the municipal level shaped the generally less than conducive atmosphere in the Beijing government system. Based on its knowledge and experience, proactive attitude, and political support, Beijing MOCA acted as a powerful force in LTC policymaking towards the direction of underplaying LTC. In contrast, due to a lack of political support and knowledge and experience in the ageing policy domain, and a weak willingness to lead LTC policymaking, Beijing HRSS became a structurally weak implementer of the LTCI pilot. The mutual distrust between government officials and researchers exacerbated the power imbalance between them, thereby considerably weakening the role of researchers as advocates in LTC policymaking.

6.6 Chapter summary

This chapter examined the diverse and controversial processes of LTC policymaking in Beijing, including LTC problem constructions, proposed solutions to funding and delivering LTC, and prominent political factors. The extensive and profound divergence between Beijing policymakers indicated a highly divided policy community where they have not achieved a consensus on the way to implement the national strategies for LTC provision.

Firstly, four factors shaped the different definitions of LTC problems, including political pressure, public opinion, budget constraints, and research evidence. Different LTC problem definitions showed that with the use of more evidence, the LTC issue was more likely to be constructed as a pressing policy problem for governmental intervention, whilst responding to political pressures and budgetary constraints tended to minimise the magnitude of LTC needs, thereby ignoring or underplaying the LTC problem. To the extreme, high political pressure can make the LTC problem itself insignificant and start LTC policymaking without a policy problem.

Secondly, competing or even conflicting perspectives on potential solutions to funding and delivering LTC were prominent among Beijing policymakers, indicating that they did not agree

on any key aspect of LTC provision, including the priority of LTC in the ageing policy system, the imperative of LTCL, funding sources, the degree of integration, and UNAS. Among a variety of rationales behind divergent stances, seven criteria were highlighted in the accounts: the LTC problem, policy effectiveness, welfare tradition, policy responsiveness, stability (including cost and financial sustainability), bureaucratic culture, and departmental agenda.

Thirdly, politics was unfavourable for LTC policymaking in Beijing. With a weak political will to address the LTC issue, the municipal government stayed outside of LTC policymaking. Its inaction has aggravated scepticism and uncertainty about the state's commitment to LTC provision and contributed little to overcoming political, institutional, and financial obstacles. Furthermore, power relations did not favour drastic LTC policymaking. Beijing MOCA was a powerful actor in the defence of the existing ageing policy system dominated by social welfare and social care. As the implementer of LTCL, Beijing HRSS was structurally weak and did not show strong ambition and competence to promote it. Although research participants generally supported prioritising the LTC problem and social insurance solutions, they were disadvantaged policymakers.

Chapter 7. The Shanghai Case

7.1 Introduction

This chapter will investigate the highly diverse LTC policymaking process in Shanghai, which consists of LTC problem constructions, proposed solutions, and political contexts, and aims to illustrate the implementation of the national strategies for LTC provision. Thus, it contributes to addressing the second research objective:

- 2) *To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*

This chapter mainly refers to the accounts made by ten participants: eight of the participants interviewed were senior government officials from Shanghai DRC, Shanghai MOCA, Shanghai HRSS, and Shanghai HC; one expert on public finance from a Shanghai university was a member of Shanghai CPPCC and the evaluation team of the LTCI pilot; and one key LTC service provider in Shanghai who was involved in LTC policymaking extensively. Participants from the central government departments and Beijing were also referred to when their accounts concerned LTC finance and service delivery in Shanghai.

The remainder of this chapter is structured as follows: Sections 7.2 demonstrates how Shanghai policymakers conceptualised the LTC problem influenced by three factors; Sections 7.3 and 7.4 explore how solutions to financing and delivering LTC, respectively, were proposed, discussed, and assessed; Section 7.5 investigates the political factors that influenced LTC policymaking, including political will and power relations between major policymakers; and Section 7.6 provides a summary of the chapter.

7.2 Competing conceptualisations of the LTC problem

In Shanghai, the conceptualisation of the LTC problem revolved around perceiving the magnitude of LTC needs and thus the severity of the LTC problem. Three factors highlighted by Shanghai participants influenced the construction process: evidence, public opinion, and capacity constraints. Firstly, Shanghai participants valued the use of evidence in policymaking, and ample evidence on population ageing, disability, and LTC needs helped define the LTC issues as being a threat to society in Shanghai. They reported different methods to obtain evidence for policymaking, such as bureaucrats' research and policy learning and scientific tools. Relevant government departments, such as Shanghai DRC, Shanghai HC, and Shanghai MOCA, collected data on population ageing and policies, including international experiences, which were reported to the municipal government to raise awareness of, and draw attention to, the super ageing issue in Shanghai. Through a continuous process of evidence inputs, Shanghai formed its understanding of population ageing. Besides, Shanghai participants frequently mentioned the use of large-scale surveys and investigations in policymaking, such as field investigations conducted by the national and local NPC and CPPCC and by deputy mayors. For example, before introducing 'integrated allowance', the Shanghai municipal government conducted a city-wide survey of the ageing population residing there, to clarify needs among various categories of older people, aiming to ensure that the entire ageing

population can benefit from the policy. The quote below illustrates how that survey was an effective tool in achieving this goal, providing sound knowledge for policymaking.

...it was a large-scale survey...found many groups of residents who were invisible before. Even our [MOCA] system did not have any information about them, various types of people. (CBS25: senior official, Shanghai MOCA)

Based on evidence, most Shanghai participants emphasised the three phenomena of population ageing specific to Shanghai, laying a foundation for a better understanding of LTC needs among older people. They firmly believed that Shanghai was the oldest city in China in terms of the size of the ageing population and the fast pace of ageing. The frequent reference to 'Shanghai was the first city in China entering the ageing society in the 1990s' meant that Shanghai has become known as an old society for three decades. Accounts like 'the total ageing population has been over 20% of the total population in Shanghai ranking the first in China' tended to emphasise the astonishing level of ageing. Furthermore, they highlighted a rapid increase in older people over 80 years of age, indicating a continuing increase in this regard. Based on a large ageing population and with the accelerating pace of ageing, most Shanghai participants perceived disability among older people as massive and thus anticipated LTC needs as enormous. The comparison between Shanghai and the paralleling cities in China and Japan⁴⁰ reinforced these perceptions. The quote below indicates that Shanghai had a much larger magnitude of LTC needs than Beijing, with Shanghai's needs close to those of Japan. The comparison defined the severity of the LTC problem to nearly the highest level in the world.

Another main reason [for the different policy responses between Beijing and Shanghai] is the different degree of population ageing, which leads to different perceptions about it. Beijing's aggregate needs, inflexible needs have not reached the level as Shanghai. (CBS25: senior official, Shanghai MOCA)

Further, by conceptualising causality and consequences, most Shanghai participants conceived large-scale LTC needs as objective, universal, and societal. They believed that rapid ageing was a natural result of prolonged life expectancy brought about by development, such as economic growth and improved health care. Regardless of people's social identities, life stages, and policy interventions, LTC needs were still there. Therefore, disabilities among older people should not be viewed as an individual or family responsibility. Instead, given the predicted cartographic consequences, the high prevalence of disability among a large ageing population posed a societal risk and a threat to the city's long-term development. For example, a senior official at Shanghai HC used a metaphor of a 'time bomb' to emphasise the urgency of care for the disabled in Shanghai. So far, the construction of the LTC problem completed a process of escalation from being viewed as simply an issue, to recognising it as a policy problem, and eventually admitting it was a threat to society. The quote below represents a shared view of a societal risk resulting from large-scale, objective, and universal LTC needs in Shanghai.

⁴⁰ Japan was commonly acknowledged as one of the oldest societies in the world but had a relatively sound policy system in the view of the Chinese government and professionals.

We think it [LTC] is a kind of societal risk that is independent of your will...Without the current risk of disability does not mean you will not encounter it in the future. Furthermore, such a definition of LTC as a societal risk has gradually formed consensus. (CBS28: senior official, Shanghai MOCA)

A societal risk view laid a sound foundation for perceiving a salient government responsibility and institutional solutions to the LTC problem. Most Shanghai participants highlighted government responsibility for meeting LTC needs, by establishing new institutional arrangements, as patchy amendments to the current ageing policy system that failed to tackle the LTC problem, such as providing more targeted welfare benefits and reforms of the social care system. The quote below illustrates the vision for a new LTC provision system with primary government responsibility in Shanghai.

The government must design a social institution to cope with it. From this perspective, it [LTCI] provides the last security net for the people, doesn't it? It is an institutional design rather than only a payment method. (CBS23: senior official, Shanghai MOCA)

More importantly, evidence of cognitive-related disabilities helped to reconceptualise the LTC problem in Shanghai. Participants at Shanghai MOCA and Shanghai HRSS reported that Shanghai did not consider LTC needs relating to cognitive disabilities as an LTC problem until it employed a big data analysis in 2018. It revealed the severe situation where the prevalence of cognitive disabilities has been 25% of the ageing population. Therefore, big data helped investigate the magnitude of this type of LTC need, thereby pushing LTC policymaking forward to reconsider cognitively disabled older people's needs.

Secondly, in terms of speaking out about people's needs, Shanghai participants believed that public opinion was useful to identify policy problems. A few participants from Shanghai and Beijing reported that Shanghai residents were very active and capable of speaking out and defending their interests. Such characteristics of the residents made public opinion effective in detecting people's needs and facilitating policymaking. As the extract below shows, the senior policymaker at Shanghai MOCA attributed the passage of a few policies to public opinion and named the process as the "reversal mechanism (*Daobi jizhi*)", meaning it was the public instead of government officials who initiated policymaking and achieved goals. The mechanism reversed the traditional one-way policymaking path in China.

...Shanghai residents were critical...as I said, it is still the reversal mechanism. People had needs and demanded new policies to address their needs, leading to the introduction of these policies. (CBS23: senior official, Shanghai MOCA)

Strikingly, even with highly critical people, the data did not specify whether public opinion captured LTC needs and the problem, but the quote below indicated a negative result. Meanwhile, this quote and many other accounts showed that Shanghai did not solely rely on public opinion to conceptualise ageing policy problems. Instead, scientific tools were consciously combined with public opinion to obtain more evidence on people's needs. Moreover, many Shanghai participants believed that knowledge of people's needs urged policymakers to consider needs comprehensively and inclusively in policymaking. The quote

referred to below was representative, demonstrating that this participant believed it was Shanghai HRSS's duty to speak for disabled older people in LTC policymaking based on obtained information on needs even if their needs were unspoken. Therefore, knowledge of people's needs obtained through scientific tools and public opinion facilitated inclusive policymaking to balance the interests between different groups of older people.

We [Shanghai HC] gained plenty of information on older people's needs for LTC. We know them very well...older people living at home might not know [the government was considering the policy] or they did not say anything about their needs, but we should consider these needs. We should speak for these people ... (CBS29: senior official, Shanghai HC)

Thirdly, one participant at Shanghai HC used 'capacity' to conceptualise the LTC problem in formulating UNAS. In his/her accounts, 'capacity' referred to human and financial resources. This way of thinking was similar to a 'reversed logic' in the Chinese government system (section 6.2). Namely, capacity constraints preceded people's needs in LTC problem construction. Despite perceiving LTC as a 'time bomb' for Shanghai, this participant admitted that cognitive disability-related needs were deliberately excluded from LTC when formulating UNAS in 2016. The following quote illustrates how Shanghai HC observed a huge gap in service capacities by analysing professionals associated with cognitive disabilities in Shanghai. With this perception, overlooking cognitive disability-related needs in UNAS became imperative and did underpin UNAS. Furthermore, the successful introduction of UNAS meant that this perception was recognised and accepted by related government departments involved in UNAS formulation, including Shanghai DRC, Shanghai MOCA, and Shanghai HRSS.

Cognitive disability is a tough job! At that time, we measured resources at our disposal...According to our data analysis, the entire workforce of psychiatrists in Shanghai is far enough to cover it! If we did, it [the workforce] cannot afford it [such a large amount of needs]...Why should I expose the problem while no solution at hand? (CBS26: senior official, Shanghai HC)

To summarise, three factors influenced the process of problem construction in Shanghai. Contrary to public opinion, which failed to detect LTC needs, most participants perceived the large-scale, objective, universal, and societal LTC needs, thereby conceptualising LTC issues as a societal risk and a threat to society, requiring primary government responsibility and institutional solutions. Notably, evidence and public opinion were used in a more complementary way to increase the completeness and accuracy of the information on needs as it highlighted 'unspoken' LTC needs. On one occasion, capacity constraints overtook evidence on needs to conceptualise the LTC problem associated with cognitive disabilities, thereby excluding related needs from LTC policymaking before 2018.

7.3 Competing funding mechanisms for LTC

In Shanghai, a universal approach to LTC provision was established by Basic Public Services (BPS). From two aspects, the inclusion of LTC in BPS indicated that the entire government system formed an agreement on universal LTC provision. Regarding the nature of BPS, it must be "government-led, addressing the most urgent and difficult inflexible needs" (CBS02: China

MOCA), meaning that faced with a variety of people's needs, the municipal government decided to include LTC provision in BPS. Regarding policymaking procedures, all related functional departments proposed BPS in their responsibility to Shanghai DRC before the municipal government made the final decision.

Under the overarching framework, consistent support for a shift towards more inclusive social welfare and social insurance was prominent among Shanghai participants. The extract below represents an understanding of BPS among Shanghai participants; that is, LTC should be provided based on a citizen's rights, dignity, and needs. This view reflected the essence of BPS defined by China DRC:

BPS is provided or organised by the government, aiming for meeting people's needs which are based on dignity; it should have good quality; it is a kind of basic service. Thus, the only eligibility is the ability. (CBS23: senior official, Shanghai MOCA)

7.3.1 Social welfare as a funding mechanism

Highly consistent opinions arguing for a more inclusive approach to social welfare were evident among Shanghai participants. A large number of Shanghai participants agreed that social welfare for older people should be more inclusive for two attributes: effectiveness to address the LTC problem and equity. Given the local context of a large population and limited resources, Shanghai participants generally valued policy effectiveness in policymaking. With perceptions of the large-scale, objective, and inflexible LTC needs, Shanghai participants challenged the current targeted welfare system for its low effectiveness. Targeted welfare was aimed at special groups of older people, leaving the majority of older people, who also faced the risk of becoming disabled, unsecured by state welfare. Therefore, this outdated and ineffective policy paradigm should be discarded. To address the LTC problem, it was the government's responsibility to provide "a universal security system" for people with LTC needs, just as it is with education. Meanwhile, more inclusive welfare conformed to the pursuit of equity and equality in Shanghai. As one participant highlighted, Shanghai tended to make more inclusive social policy when it concerned redistribution. Equity and equality, valued as modern and advanced principles, have been rooted in Shanghai social policymaking. The account below shows that Shanghai DRC endeavoured to make social policy with equity and equality in all related domains. Given the leading role of DRC within the Chinese government system, Shanghai DRC's stance represented local policy culture. The two principals were very likely to be translated into policymaking by other government departments.

We hope we all follow the same rules...As to policies in the social domain...all these policies concerning people's livelihood [follow the same rules]. We have done well regarding [achieving] major objectives. They [equality and equity] are our constant objectives. We hate making policies with implicit bias (Da men bao). We do not like too many biased policies applied to different groups of people. We think it is unreasonable. (CBS22: senior official, Shanghai DRC)

7.3.2 Social insurance as a funding mechanism

Shanghai participants demonstrated a high level of consensus on the social insurance approach to financing LTC. Most Shanghai participants considered LTCI a crucial government action on population ageing and an institutional arrangement critical to tackling the LTC problem. They embraced social insurance as an LTC funding mechanism for its three attributes: policy effectiveness, equity, and accountability. A number of participants from the central government departments, Beijing, and Shanghai appreciated three features of policymaking in Shanghai: policy effectiveness, equity, and accountability. Through a universal approach, LTCI was greatly in line with all three values in the Shanghai policy community. First of all, it ensured equity and effectiveness. Support for social insurance originated from challenging targeted welfare solutions for their inequity and thus ineffectiveness. Shanghai participants generally considered that the existing targeted welfare system had little coverage and was incapable of addressing the severe LTC problem (subsection 7.3.1). They believed that social insurance provided universal access to financial support and services for the entire ageing population, thereby ensuring equity and effectiveness. Therefore, many Shanghai participants preferred to name LTCI as ‘the sixth type of social insurance’ (*Di liu xian*). Specifically, they agreed on the significance of LTCI to ensuring efficient LTC provision. LTCI eased the financial burden for disabled older people, which eventually improved the existing social security system and boosted LTC service markets. For example, LTCI in the pilot covered 80% of the costs of on-site examination for family care beds. LTCI specified 42 types of LTC services in Shanghai and overcame fragmentation between different systems by bridging social care and health care and connecting functional departments. The account below presents a comprehensive view of LTCI and highlights the interdependence between LTCI and LTC delivery.

...it [LTCI] is not only a matter of payment but also a matter of coping with societal risks. It is the improvement of social security with improved modern civilisation...this idea is fantastic! It transforms [disability] from individual and family risk to societal risk. Then the government should respond by institutional building. In this regard, it is the last safety-net for the citizens, isn't it?...it is not only an insurance policy. Behind it, it must rely on the development of such as LTC [service] market...It is not only about as simple as benefits. (CBS28: senior official, Shanghai HRSS)

With equity and effectiveness, social insurance solutions achieved government accountability. A few participants from the three sites agreed that the Shanghai municipal government were held accountable for the people in two ways. On the one hand, the government effectively responded to public opinion through many improvements on LTC policies, namely ‘a reversal mechanism’ (section 7.2). On the other hand, the government tended to take responsibility for addressing people’s needs. One participant, as a key LTC service provider in Shanghai, used an analogy to explain the tendency: the Shanghai municipal government would like to perform its duty as ‘parents of the people’ by taking on as many responsibilities as possible in the domain of social governance. The definition of the LTC problem confirmed this claim as it defined primary government responsibility for universal LTC provision (section 7.2). Not only

did Shanghai claim accountability, LTCI also helped Shanghai to achieve it by addressing the LTC problem with effectiveness.

Meanwhile, out of concerns for the financial sustainability of LTCI, critiques and divisions appeared regarding how to achieve financial sustainability. Most Shanghai participants expressed this concern, but two participants at Shanghai MOCA challenged it harshly. From the perspective of morality, three participants at Shanghai MOCA and CASS respectively believed that the health insurance surplus was immoral as it originated from depriving migrant workers of their insurance benefits. Therefore, immorality contained the risk of unsustainability. From the perspective of cost-saving, the excessive involvement of health care in the LTCI pilot noticeably increased the costs of LTCI. Therefore, turning to an improved social welfare system might be more cost-saving. Alternatively, narrowing the coverage down to severe disabilities was imperative. Also, a researcher participant in Shanghai doubted the sustainability of public funds. In his/her view, the current involvement of public funds in LTCI followed the pattern of temporary rather than institutionalised inputs in China. Therefore, it was unsustainable for LTCI due to the contingency of withdrawing public funds.

To achieve financial sustainability, most Shanghai participants pinned their hopes on the small coverage of LTCI. They referred to the key rule of welfare provision advocated by the central leadership, namely “securing the safety-net (*Bao ji ben*)”. However, they were divided on what constituted ‘small coverage’. As noted above, two participants at Shanghai MOCA supported the coverage of severe disabilities that conformed to the national strategy; however, more participants argued for covering moderate and severe disabilities, accounting for nearly 10% of the ageing population in Shanghai (estimated by an expert based at CASS during the interview). This definition was justified by a systematic and preventive view on LTC provision. The account below demonstrates a causal relationship between wide coverage and cost-saving from a long-term and structural perspective. Namely, prevention through better services for those with moderate disabilities could significantly reduce the chances of the situation deteriorating, thereby saving costs in terms of the entire health care and LTCI system. This view showed that Shanghai participants had deep and systematic thoughts about LTC solutions.

If only covering them with severe disabilities but excluding those [with moderate disabilities], LTC will witness the so-called situation of ‘Qian pu hou ji [one after another]’. [But] if LTCI and services are provided appropriately, the chance for you with moderate disabilities to go to the hospital can be largely decreased and thus less consumption of health insurance funds. This is a scientific [way to save costs]...The bigger picture should be considered! (CBS31: key LTC service provider, Shanghai)

Another way to achieve financial sustainability was to find alternative funds for LTCI, but they all required taking political risks and overcoming institutional obstacles. For example, rather than consuming health insurance funds as the central instruction suggested, Shanghai suspended the reform of reducing the 1% health insurance premium rate but reserved this portion of the premiums to finance LTCI. Therefore, it secured a stable funding source without causing changes in insurance premium collection. However, this move contained the political

risk of disobeying the central government that initiated the reform. Another option was 'Employment Security Fund for the Disabled (ESFD)'. Besides its large-scale ability to afford LTCI and its dormant nature, the ESFD was a legitimate funding source for LTCI as older people with disabilities were also disabled persons. However, this option confronted significant institutional obstacles due to different objections made by responsible departments of the ESFD and LTCI. Furthermore, there was no precedent for using ESFD for other reasons. Despite a hot debate in 2016 on how to use ESFD efficiently throughout China, it ended up with no action. Therefore, the availability of this option was low in Shanghai.

To summarise, highly agreeing views on social welfare and social insurance as the main funding mechanisms for LTC were evident in Shanghai. Overall, most Shanghai participants preferred the universal approach to financing LTC. In particular, Shanghai embraced social insurance because of three attributes, namely, policy effectiveness, equity, and accountability. Critiques on social insurance solutions mainly related to the financial sustainability of LTCI and divisions appeared concerning the coverage and funding sources of LTCI. Despite different voices, they were still on the path of improving rather than opposing or abandoning LTCI.

7.4 Competing solutions to LTC delivery

This section will examine four points relating to LTC design and delivery raised by Shanghai participants: the priority of LTC in the service system, the degree of integration, the development of new types of services, and the attitude to the unification of needs assessment standard. These points illustrated how Shanghai participants perceived LTC services and designed LTC delivery.

Firstly, by recognising the severe LTC problem, most Shanghai participants were consistent with positioning LTC at the centre of the service system for the ageing population, indicating the independent and core status of LTC. The adoption of the term 'LTC' in policy texts was evident and significantly differentiated Shanghai from China MOCA, who refused to use 'LTC' in its policy texts (section 5.6). Most Shanghai participants believed that the term '*Yang lao fu wu* (services for older people)' was misleading as it referred to all services associated with older people, such as social care, education, entertainment, finance, and even auxiliary supplies. Even participants at Shanghai MOCA agreed that LTC was a clearer term to clarify government responsibility. For example, one participant mentioned a false statement made by a former deputy mayor who claimed that Shanghai invested 40 to 50 billion CNY on services for older people by 2008. However, Shanghai MOCA estimated this at less than 1 billion CNY. The huge gap stemmed from whether pension funds were counted as an investment in services for older people. To avoid such confusion in policymaking, Shanghai adopted the term 'LTC' in ageing policy texts. Furthermore, the core status of LTC laid the foundation for the LTC-centric service delivery for the ageing population. The account referred to below was a typical LTC-centric view on service delivery, which equated the service system for older people with the LTC system.

Until the current 'Five-into-one system' evolving from '9073', Shanghai has basically established the framework of the pluralised service system for older people. Namely, Shanghai has established the LTC system, hasn't it?...[It] is

relatively complete. [All older people] are secured by policy. (CBS23: senior official, Shanghai MOCA)

Despite the independent and core status of LTC, well-defined boundaries between LTC and other services for older people remained unclear, which caused divided opinions about what should or should not be categorised as LTC, for example, the trend of excluding social care from LTC. As the policymakers of service delivery for older people, two participants at Shanghai MOCA believed that older people welcomed many social care services provided by MOCA before launching LTCI. However, LTCI excluded them, such as housekeeping services, bathing, mental comforting, and companion services. The account below shows a deep division in the categorisation of housekeeping services between Shanghai MOCA and Shanghai HRSS. The former argued for including them into the LTC catalogue paid by LTCI as they were provided for disabled older people, while the latter disagreed and strongly opposed doing so.

Whether housekeeping services relate to older people's caring? We believe a large proportion of people [policymakers] support for 'irrelevance to LTC'. Namely, they are older people's needs but not LTC needs...There are different opinions about whether they [housekeeping service needs] are basic social care needs...We believe they are part of care [needs] for older people with inflexible [LTC] needs, (CBS25: senior official, Shanghai MOCA)

Secondly, Shanghai participants generally supported a high degree of integration – referring to all-round integration in the institutional, community, and home settings – and the increasing involvement of health care facilitated an all-round integration. Like other places, Shanghai encouraged integration between care and medical institutions and set targets for LTC beds, namely, by 2020, the number of LTC beds will account for 1.5% of Shanghai's ageing population.⁴¹ More importantly, participants at Shanghai MOCA and Shanghai HC highlighted integration in the community and home settings: LTC service stations with dual certificates from Shanghai MOCA and HC, and 'family care beds (*Jiating bingchuang*)'⁴² run by the primary health care centres in resident compounds. They admitted the fast-rising role of LTC stations and the value of 'family care beds' in LTC delivery. These features indicated that integration focused on LTC delivery in the community and home settings, thereby strengthening the weak link of LTC delivery in Shanghai. The extract below explains the fast expansion of LTC stations and the decline of social care in the community setting, signalling a transition of the service system from social care-based towards LTC-centric.

MOCA [s care institutions are] the main body, namely about 90% of institutional care is provided by the MOCA system...As to community [-based care], MOCA [service delivery] is downsizing since LTCI was introduced...LTC station has been expanding fast. Almost all streets have established it required by LTCI. It [LTC station] is the designated service provider. So, this part, health care which

⁴¹ <http://www.shanghai.gov.cn/nw2/nw2314/nw24651/nw42131/nw42135/u21aw1230818.html>.

⁴² A term adopted by China NHC, meaning doctors and nurses arrange and deliver LTC services for disabled older people living at home.

develops the fastest in Shanghai belongs to the HC system. (CBS24: senior official, Shanghai MOCA)

However, extensive involvement of health care in LTC delivery was subject to criticism from two aspects. Six participants from the central government departments and Shanghai reported that UNAS formulated by Shanghai HC gave disproportionate weight to illness factors. Therefore, UNAS with the excessive involvement of health care was unable to reflect LTC needs accurately, resulting in a mismatch between LTC needs and LTC delivery. More critiques of the heavy reliance on health care in LTC delivery were out of cost concerns. Most Shanghai participants were positive and active to involve health care in LTC delivery; however, they generally viewed LTC delivery through the health care system as infeasible, such as occurs in the United Kingdom and other welfare states. No doubt, the health care system ensured expertise in LTC service delivery, but this approach demanded high public spending which was unaffordable for China. Besides, high costs of LTC delivery already posed risks to its sustainability in developed countries. Two participants at Shanghai MOCA believed that this risk was observed in the LTCI pilot in Shanghai, for example, the inappropriate use of health staff in LTC service stations. Therefore, “a strategic conclusion on the relationship between LTC and health care is required” (CBS25: senior official, Shanghai MOCA).

Thirdly, the development of new types of services improved LTC delivery in Shanghai. Informal care and services relating to cognitive disabilities were brought onto the government agenda and received increasing attention from many Shanghai participants. They were proud of their pioneering moves on increasing informal care. For example, informal care has been written into the 13th Five-year Planning and relevant policy texts in Shanghai. Furthermore, six projects on informal care were conducted in Shanghai, including skills training for family members, pairing younger and senior older people, good-neighbourly cooperation in a rural area, home adaptations for older people, a TV program about home-based LTC services, and respite care. According to participants at Shanghai MOCA, these measures increased awareness of informal care among the public and effectively facilitated LTC delivery into the community and home settings. Also, cognitive disability-related services started to attract great attention from Shanghai policymakers. At the time of the interview, the deputy mayor of Shanghai had just completed an on-site investigation of cognitive disability-related service delivery in Shanghai, usually indicating further policymaking by the municipal leadership. At the departmental level, three participants at Shanghai MOCA viewed cognitive disability as a new policy domain, where Shanghai MOCA could make significant contributions. Concrete measures included the launch of a 1,000-bed construction plan in 2018 and the discussion of establishing an independent needs assessment standard in 1 to 2 years to adjust the current illness-dominated assessment standard. Furthermore, they expected to construct a separate LTC service system specific to cognitive disabilities, given the different needs among older people with ADL and IADL disabilities. The two extracts below show Shanghai MOCA's reflection on UNAS and pioneering thoughts on developing services relating to cognitive disabilities in Shanghai.

According to older people [’s ability], UNAS provides a diagnostic assessment, namely a scale is counted according to ability loss. Now [Shanghai] MOCA is doing

the opposite. Next year, [Shanghai] MOCA with experts [plans to make a new standard] based on the workload to provide necessary services needed by older people [with cognitive disabilities]. (CBS24: senior official, Shanghai MOCA)

We have started to do it [cognitive disability-related service delivery] since this year. Next year, we probably separate cognitive disability-related services from this system. We are going to establish a care system specifically for cognitively disabled older people. It [this concept] has not been created in other local areas in the country. (CBS25: senior official, Shanghai MOCA)

Fourthly, all Shanghai participants from the municipal government and functional departments, to LTC service providers were crystal clear about the UNAS, viewing it as an achievement and an essential tool for ensuring effective service delivery. One participant from Shanghai MOCA made an analogy of the unification of the Qin Dynasty in ancient Chinese history to illustrate the historical significance of UNAS in Shanghai. Pragmatically, most Shanghai participants agreed that UNAS was the gatekeeper of LTCI, which ensured precise service provision by identifying the target population and LTC needs. Therefore, it was essential to achieve equity for any service provision when public finance was involved. Furthermore, many Shanghai participants reported a typical top-down process of formulating and introducing UNAS, indicating the consensus on UNAS throughout the government system. For example, Shanghai DRC designed the unification from the beginning of LTC policymaking, and the municipal government rigorously pushed the inclusion of UNAS in the five-in-one system. The two accounts below illustrate this consensus, held by different types of Shanghai participants, namely, that they highly valued the role of UNAS in LTC delivery.

I think it is a big problem without an assessment standard. It is a big problem! On what earth insurance decides some people benefit from it? You must have a standard and equity. (CBS31: key LTC service provider, Shanghai)

I think UNAS is unprecedented in the whole country. Applying a single standard to all older persons with LTC needs regardless of any situation is fair from the perspective of ADL assessment. I think it is valuable [experience] for the whole country. (CBS25: senior official, Shanghai MOCA)

To summarise, even with divisions, a significant consistency with the LTC-centric approach to service delivery was evident among Shanghai participants. Most Shanghai participants agreed to give LTC independence in the service system for the ageing population. Despite ambiguities and divisions, Shanghai participants tended to arrange various types of services around meeting LTC needs. In particular, they preferred a full range of integration that helped to enhance the LTC-centric service system. A broad consensus on UNAS further reflected the stance to support the LTC-centric approach throughout Shanghai. However, the crucial concern with LTC-centric service delivery resided in its costs and thus financial sustainability.

7.5 Political context for LTC policymaking

This section will examine the main political factors involved in LTC policymaking in Shanghai. Three features indicated the conducive political contexts for LTC policymaking in Shanghai:

the strong political will of the municipal government and the relatively balanced power between the three main functional departments in LTC policymaking.

7.5.1 A strong political will at the municipal level

From four perspectives, a strong political will was prominent at the municipal level in Shanghai, aiming to remove political, institutional, and financial obstacles to LTC policymaking. Firstly, the LTC issue gained intensive and constant attention from the municipal government, demonstrating full commitment to LTC provision in Shanghai. All Shanghai participants recognised the intensive attention from the municipal leadership and its deep involvement in LTC policymaking. At the beginning of LTC policymaking, the municipal government escalated the LTC issue to one of important social governance. Following the high-profiling definition of LTC, the municipal government organised a series of meetings to push functional departments to take LTC seriously and designated Shanghai DRC to lead LTC policymaking. Then a monthly conference across related functional departments was set up as a coordinating body. Undoubtedly, such high-level, regular, and continuous coordination sustained enthusiasm as well as attention to LTC in Shanghai. In particular, a large number of accounts from participants at Shanghai DRC, Shanghai MOCA, Shanghai HRSS, and Shanghai HC reported that even high personnel turnover at the municipal level did not interrupt or shift the attention away from the LTC issue. The data shows that Shanghai participants specified at least five (deputy) mayors successively participating in LTC policymaking. Therefore, it was reasonable to conclude that the attention to LTC took its roots in the municipal government. The quotes referred to below demonstrate that both Shanghai MOCA and Shanghai HC were impressed by the municipal government's strong political will to tackle the LTC problem, indicating that the intensity and continuity of such political will was unprecedented based on their work experiences in Shanghai.

The municipal government defined LTC as an important component of social governance...The then mayor Yang Xiong called a meeting attended by four deputy mayors and directors from dozens of departments, about 30–40 persons in total. It is rare to witness such a top leader who attached significant importance to the [LTC] issue. (CBS26: senior official, Shanghai MOCA)

It is rare for such degree of attention paid by the municipal leadership...Each deputy mayor pays great attention to LTCI policy, including deputy mayor Shi Guanghui, Ying Yong, even Yang Xiong...Yes, they pay much attention to it. The then deputy mayor Shi Guanghui called conference at least twice per month. (CBS27: senior official, Shanghai HC)

Secondly, the willingness to reform the existing ageing policy system was evident throughout the government system. By giving direct instructions, the municipal government promoted the overhaul of the service system from '9073' to the 'five-into-one' service system, and the inclusion of LTCI and UNAS suggested the great significance attached to LTC in Shanghai. Furthermore, this strong willingness to make change was transmitted to the functional departments guiding through their LTC policymaking. Shanghai DRC, as the leading government department, valued reforms and was determined to achieve them in LTC policymaking. To remove the legislative obstacle, Shanghai HRSS and an expert on public

finance made different interpretations of this legal issue to justify the use of health insurance funds to finance LTC. That is, allocating health insurance funds to LTCI complied with the principle of a 'ring-fenced fund', set by the Law of Social Insurance, and conformed to the convention in China where the law was not necessarily prior to practice in policymaking. Thus, Shanghai solved the legal issue that bothered all pilot areas. Furthermore, to promote systematic changes to LTC provision, Shanghai was active in formulating Five-year Planning. Compared with China NHC's failed efforts on proposing a special Five-year Planning on LTC (section 5.6), Shanghai HC, jointly with Shanghai DRC, MOCA, HRSS, and BHI, published the 'Shanghai Municipal the 13th Five-year Planning on Healthcare System Development for the Ageing Population', setting up eight key indicators concerning institutional beds for LTC, general practitioners (GP) for older people, hospice services, health–social care integration, and unified assessment. Besides, the 13th Five-year Planning on the service system for the ageing population tended to unify the skilful labour force relating to LTC in MOCA and HRSS systems. The quote below was from a Shanghai DRC participant, showing a representative attitude to reform and make a policy change in Shanghai.

In the end, it is a matter of whether if you mean to do it! Money is a never-ending issue. No one would say I have enough money and couldn't find issues to spend it. This problem exists for ever! If we intend to do it, we will create conditions to do so...In fact, you'd better do nothing if you follow all the old rules. Our [policy] experimentations mean to destroy the old rules and then build new policies. (CBS22: senior official, Shanghai DRC)

To make critical LTC policy changes, Shanghai showed keenness in conducting the LTCI pilot regardless of political risks. Before the national LTCI pilot, Shanghai started the first pilot relating to LTC in 2013, namely, the 'Healthcare Plan on Older People Over 80'. This pilot was an operation on the margins of a policy containing political risk given the rejection from China HRSS. When the national pilot launched, Shanghai grabbed the opportunity to be a part of it by quoting, "[Shanghai] must be the first one to apply for participating in the LTCI pilot as long as the state gave the order" (CBS22: senior official, Shanghai DRC). To solve the funding issue, the municipal government took the political risk to suspend the national reform on reducing health insurance premium rates and reserved 1% insurance premiums to fund LTCI (subsection 7.3.2). The willingness to take the above risks showed the determination of the municipal government to trial LTCI. As a result, Shanghai removed the financial obstacle and gained a sustainable funding source for LTCI without increasing the tax burden.

Thirdly, the establishment of an inter-departmental coordinating mechanism reflected a strong intention to push LTC policymaking forward. Most participants in this study viewed the institutional fragmentation in the government and correspondent service and data systems as a substantial challenge to LTC provision. In Shanghai, continuous cross-departmental coordination as a dispute-solving mechanism removed various constraints to LTC policymaking, and the primary significance was the removal of the institutional obstacles. A monthly conference was convened by the deputy mayor and attended by all the related departments, aiming to address cross-departmental issues in LTC policymaking, namely, "the main battlefield for all departments to discuss various policy ideas relating to LTC" (CBS27:

senior official, Shanghai HC). The municipal leadership made the final decisions on the disputes unsolved through the departmental meetings. Besides direct coordination, the municipal government also involved other coordinating bodies, such as the Shanghai DRC. The account below fully illustrates the imperative for Shanghai DRC's coordination in LTC policymaking encompassing multiple departments. A case in point was the introduction of UNAS, which incorporated three sets of assessment standards insisted by Shanghai MOCA, HC, and HRSS respectively. One participant at Shanghai HC admitted that it was unlikely that "Shanghai HC has such power to unify" it and "the [municipal] government definitely should come forward" to promote the unification (CBS27: senior official, Shanghai HC).

Originally, the municipal leaders required us [Shanghai DRC] to completely integrate health care and social care, their service providers, forms and contents of services, and financial security. It [the municipal leadership] hoped to achieve integration through LTCI. At that time, because of institutions, administration institutions, as in China, this situation may be special. Under different institutions, it is easy to say but difficult to achieve integration. This context highlighted the role of [Shanghai] DRC. Namely, what our DRC does is usually to balance and coordinate multiple departments. (CBS22: senior official, Shanghai DRC)

Lastly, close performance monitoring strongly guided government departments to work on LTC issues. From the beginning, Shanghai organised a national mobilisation conference before launching the LTCI pilot, claiming that "the pilot is meant to expand to the Shanghai municipality". Such a high-profiling announcement was like raising a challenge to the entire country, thereby exerting great pressure on Shanghai to ensure the top priority of the LTCI pilot. Practically, Shanghai organised an annual evaluation of the LTCI pilot by external professionals and established an "LTCI Implementation and Evaluation Team" to conduct technical evaluations of LTCI pilots in all districts. Such close performance monitoring ensured the top priority of LTCI on each district's agenda. The account from one participant, a member of this evaluation team, demonstrates that high pressure exerted by performance monitoring explained the committed implementation at the district level and thus the fast progress of the LTCI pilot in Shanghai.

LTCI has been implemented intensively in the recent two years. You know, once [the government] determines to do it, it means to do it quickly to achieve the goal! Therefore, everyone feels pressure...because the task has been assigned [to each district]! In Shanghai, since you assign a task to me, it is unacceptable to be unable to complete it. Hence, they [government officials] must be very [active]...the tasks [of implementing LTCI] were assigned to three [pilot] districts last year. [Then] all districts, chief directors and secretaries of CPC [in all districts], and directors of neighbourhood committees were in a big mess [to implement LTCI]. (CBS30: researcher, a Shanghai university)

7.5.2 Relatively balanced power between the three functional departments

Coordinated by the municipal government, a relatively balanced power relationship between Shanghai MOCA, HC, and HRSS was observed. Each department played its role in financing and delivering LTC based on statutory responsibilities, knowledge, and political support from

the municipal government. Firstly, from four different aspects, most Shanghai participants recognised Shanghai HRSS's leading role in LTC policymaking: the original objective of LTCI, the funder of LTCI, authorisation by the municipal government, and translated leadership from China HRSS. Participants at Shanghai HRSS believed that it was natural for HRSS to take the lead in LTC policymaking as LTC was motivated by solving the abuse of health care resources by older people with LTC needs. Shanghai DRC explained the dominance of Shanghai HRSS from the perspective of the funding source as the central instruction on the LTCI pilot suggested health insurance premiums as the funding source although they were collected in the name of health insurance. As the major funder of LTCI, Shanghai HRSS must have its role in LTC policymaking. Also, Shanghai HRSS was responsible for fund management, including collection, allocation, payment for services, and supervision. Differently, participants at Shanghai MOCA tended to understand Shanghai HRSS's leadership as authorisation from the municipal government. As the account below illustrates, they believed that by exaggerating the risk of funding security, Shanghai HRSS convinced the municipal leadership that it was the right leader for LTCI policy. Combined with the dominance of China HRSS at the central level, the municipal government authorised Shanghai HRSS to have the leading role in Shanghai.

They [Shanghai HRSS] kept scaring [the municipal] leadership saying it is health insurance funds belonging to the government and thus can never go wrong, and problems have already been found in some provinces and so on. Then the leadership said, ok, you [Shanghai HRSS] are in charge since China HRSS is in charge at the central level...That is the decision [made by the municipal government]!...At first, [Shanghai] MOCA competed with other departments for the leadership in LTC policymaking. In the end, the municipal leadership said: stop! Just follow China HRSS. Which department is in charge at the central level? China HRSS! OK, Shanghai HRSS is in charge too. (CBS24: senior official, Shang MOCA)

Secondly, participants from four related departments agreed that Shanghai HC played an important role in making standards and procedures and LTC delivery. Health care delivery for older people undoubtedly made Shanghai HC a crucial actor in LTC provision. Furthermore, a high-degree integration that involved primary health care service centres and LTC service stations in LTC delivery increased the influence of Shanghai HC. Besides, due to its expertise, Shanghai HC was responsible for formulating UNAS, laying the foundation for LTC delivery. Shanghai HC's influence was beyond the HC department due to departmental connections. For example, one senior participant at CASS believed that the chief of Shanghai MOCA from Shanghai HC explained a strong style of health care in ageing policies in Shanghai. Despite the impact of government turnover, the close connections between Shanghai HC and Shanghai HRSS also increased the influence of Shanghai HC on LTC policymaking. Health insurance was the major income source for the health care system, and Shanghai HRSS recognised Shanghai HC's expertise in LTC policymaking. Therefore, the LTCI policy inherited all key policies adopted by the health care sector. The quote illustrates that both Shanghai HRSS and HC firmly believed that LTC shared assessment standards and procedures with health care, denying the necessity of establishing a distinct system for LTC.

If you re-design a set of solutions [standards and procedures] for LTCI, [services taking place] in hospitals, the primary health care centres or nursing homes. They cannot be as standardised as those employed by health care that has been used for many years. It is unnecessary to re-design them. (CBS27: senior official, Shanghai HC)

Thirdly, Shanghai MOCA experienced declining significance to LTC policymaking; however, it sustained impacts through taking advantage of its knowledge and experience in the ageing policy system and proactive attitude to LTC provision. Historically, the MOCA system dominated ageing policymaking as the only responsible department regulating and providing welfare benefits and services for older people throughout the country. At the national level, with more involvement of China HRSS and NHC systems, China MOCA competed with them in the ageing policy system and experienced a declining influence (section 5.3). This power shift at the central level was translated to Shanghai. In particular, the recognition of the leadership of Shanghai HRSS in LTC policymaking by the municipal government signalled the relatively disadvantageous status for Shanghai MOCA. Despite mirroring the central power relations, a challenge of a lack of expertise undermined Shanghai MOCA's authority. As one participant at Shanghai DRC reported, the major obstacle to unifying the assessment standard and workforce for LTC was a deeply rooted bias against social care held by Shanghai HRSS and Shanghai HC. The account referred to below shows this bias from the aspects of policy and workforce. This prejudice against social care inevitably transferred to Shanghai MOCA who regulated social care.

To be honest, the two departments had different opinions at that time. [Shanghai] MOCA was determined to defend its position saying that its standard has been used for over a decade and thus is mature. However, [Shanghai] HC emphasised its speciality saying their [services] are health care that deserves its own assessment standard...[Shanghai] MOCA has a stable and large workforce. However, [Shanghai] HC looked down on it for not being qualified by the health sector. At that time, we firmly insisted that this workforce, two parts of LTC for older people, are nothing more than overlaying, aren't they? (CBS22: senior official, Shanghai DRC)

Further, the introduction of LTCI and integration weakened Shanghai MOCA's position in the ageing policy system as high-degree integration caused a significant reduction of service delivery by Shanghai MOCA in the community and home settings (section 7.4). In the long run, participants at Shanghai MOCA held a pessimistic view of its role in the ageing policy system. Both the chief director of Shanghai MOCA and leaders from other departments were considering narrowing down Shanghai MOCA's responsibility to social care in the institutional setting. The quote illustrates the worsening situation whereby Shanghai MOCA even lost its voice in LTC policymaking.

Care institutions are regulated by us [Shanghai MOCA], the workforce is regulated by us, services are delivered by us. Such an important department like Shanghai MOCA should have had a strong say in this policymaking [LTC]. However,

sometimes [it is] in the disadvantaged position. (CBS25: senior official, Shanghai MOCA)

Facing the generally declining role and the challenge from other departments, Shanghai MOCA endeavoured to use its experiences to exert positive influence on LTC policymaking. For example, all Shanghai participants agreed that MOCA's assessment standard lay the foundation for UNAS based on the application in the past decade. Although disappointed with the health care-oriented LTCI, participants at Shanghai MOCA strived to increase the proportion of social care in LTCI. For example, the LTC service catalogue was decided by Shanghai MOCA, HC, and HRSS in co-ordination. The extract data below shows that with effort, social care services accounted for most of the LTC services covered by LTCI. Moreover, both Shanghai HC and Shanghai MOCA were considering adding more social care services to the catalogue shortly.

I think LTCI mainly covers social care. You see, 42 types of services in total in the catalogue and 27 items are social care and only 15 items are professional health care requiring nurses...furthermore, we had a meeting last Monday [discussing] to add two more social care services [to the catalogue]. (CBS27: senior official, Shanghai HC)

Strategically, Shanghai MOCA actively explored new policy domains by developing new types of services, such as informal care and LTC related to cognitive disabilities (section 7.4). Service delivery associated with cognitive disabilities was a controversial policy area commonly viewed as illness treatment. Therefore, some Shanghai HC officials strongly opposed Shanghai MOCA's intervention in service delivery, and Shanghai MOCA did refrain from stepping in. However, after a small-scope trial, the services provided by Shanghai MOCA were appreciated as more humane and with life quality by psychiatrists from the Mental Health Centre of Shanghai HC. The quote below illustrates the process by which Shanghai MOCA earned its reputation and leadership in this new policy domain with its expertise and proactive actions.

...at first, we dared not to do [service delivery] as the risk is high. Then, there are rumours in society, [such as] why does your MOCA do this? You are stealing Shanghai HC's job! But Shanghai, it is the leadership who designated us, namely our deputy mayor...We are doing quite well now. Then the Mental Health Centre, which is the best in health care [in mental health area], approached us saying 'we should cooperate with you. We cannot cooperate with [Shanghai] HC'. (CBS24: senior official, Shanghai MOCA)

Notably, Shanghai MOCA was firmly supported by the municipal government in developing new types of services, thereby winning the leadership of related policymaking. Its initiative received prompt and decisive responses from the municipal government. For example, the deputy mayor conducted an on-site investigation of services related to cognitive disabilities in Shanghai after receiving Shanghai MOCA's report (section 7.4). Also, a policy of constructing 1,000 beds for cognitively disabled older people has been listed as the 'top ten livelihood missions' at the municipal level for two consecutive years. This annual task list was based on the top tasks self-assessed and submitted by all functional government departments. Through

an internal assessment, the municipal government finalised the list. Therefore, being included in the list meant that the policy to improve service delivery related to cognitive disabilities gained a high position on the municipal agenda. The account referred to below demonstrates the significance of being included in the top ten missions in Shanghai.

Since the 1980s, the Shanghai municipal government have started to announce the top ten missions annually. These top ten missions are the issues most concerned by the municipal leadership and then implemented by departments. Therefore, all listed must gain intensive attention, particularly like LTCI, promotion of such a new policy, we all attach great significance to it. (CBS28: senior official, Shanghai MOCA)

To summarise, Shanghai demonstrated a strong political will and full commitment to LTC provision measured by intensive and constant political attention, willingness to reform existing institutions, inter-departmental coordination, and close performance monitoring. It indicated the high stake of LTC in Shanghai, facilitating functional departments to remove political, financial, and institutional constraints to LTC-related solutions. With the declining role of Shanghai MOCA, Shanghai HRSS and Shanghai HC started to dominate LTC policymaking with legitimacy. Coordinated by the municipal government, this study did not observe an apparent imbalance between the three departments. Instead, communication and negotiation were more often seen due to Shanghai MOCA's knowledge of ageing policy, its proactive attitude to LTC delivery, and its support from the municipal government.

7.6 Chapter summary

In Shanghai, LTC policymaking was characterised by highly consistent views on the LTC problem and proposed solutions to LTC provision, and supportive politics shaped by a strong political will to address the LTC problem, indicating a relatively unified policy community where policymakers achieved consensus on the core issues of implementing national strategies for LTC provision.

Firstly, three factors influenced the conceptualisation of the LTC problem in Shanghai. Compared with public opinion that did not specify LTC needs, evidence on large-scale, objective, universal, and societal LTC needs facilitated most Shanghai participants to conceptualise LTC issues as a threat or risk to society. Regarding cognitive disability-related needs, capacity constraints presided over evidence on needs in problem construction, thereby excluding them from the LTC problem for policy intervention before 2018.

Secondly, Shanghai policymakers held a consistent view of the universal approach to LTC provision. They preferred a more inclusive approach to funding LTC, viewing social insurance as the primary funding mechanism as it fulfilled their three values of policy effectiveness, equity and accountability. Due to deep concerns about the financial sustainability of LTCI, a few Shanghai participants criticised the social insurance solutions and disagreed on the coverage and funding sources of LTCI. Regarding LTC design and delivery, Shanghai participants showed a clear preference for the LTC-centric service system from different perspectives, including the priority given to LTC, UNAS, high-degree integration, and developing new types of services around meeting LTC needs. However, high costs caused by

the extensive involvement of health care in the integration raised concerns about this approach.

Thirdly, a strong political will to tackle the LTC problem was firmly held by the Shanghai municipal government, constructing an advantageous political context for LTC policymaking. From four perspectives – intensive and constant political attention, willingness to reform the existing institutions, cross-departmental coordination, and close performance monitoring – the municipal government illustrated a full commitment to LTC provision, which not only indicated the high stakes of LTC but also facilitated functional departments to overcome the political, financial, and institutional constraints on LTC-centric solutions. With deep engagement at the municipal level, relevant functional departments formed a relatively balanced power relation, pushing LTC policymaking forward in a highly coordinated manner.

Chapter 8. Comparative Analysis of the Beijing and Shanghai Cases

8.1 Introduction

Based on previous investigations on the specific processes of LTC policymaking developing in Beijing and Shanghai, this chapter deploys Kingdon's (2011) Multiple Streams Approach (MSA) to analyse the interactions of these processes in the two sites to understand which conceptualisation of the LTC problem won out and which proposed solutions to funding and delivering LTC prevailed over the others on the agenda. The analysis aims to specify political forces and their stances on concrete policy ideas. Further, it tends to identify the features of the interactions of problems, policies, and politics in the two sites, thereby conceptualising their LTC policymaking approaches. This chapter then undertakes a comparative analysis of the two cases, determining key factors affecting LTC policymaking. Therefore, this chapter addresses the third research objectives:

- 3) *To explore the LTC policymaking approaches adopted in Beijing and Shanghai and their influencing factors*

By way of a recap, MSA contains five structural elements, which include three streams of problems, policies, and politics, policy entrepreneurs, and policy window. Although floating freely and independently based upon their own dynamics and promoted by policy entrepreneurs, the three streams come together at the critical moment. Kingdon (2011) terms this process as 'coupling'. The coupling of problems and politics produces a governmental agenda and the coupling of all three streams creates a decision agenda. From an agenda-setting perspective, MSA helps to identify the main forces and factors, and their relative importance in the local policymaking process (Liu et al., 2010; for further discussion on MSA see Chapter 3).

The chapter is structured as follows: Sections 8.2 and 8.3 analyse the coupling process of problems, policies, and politics in Beijing and Shanghai, determining their LTC policymaking approaches; Section 8.4 conducts a cross-case comparison of Beijing and Shanghai to identify key influencing factors and shared weaknesses of LTC policymaking; and Section 8.5 provides a summary of the chapter.

8.2 An intentional selection of problems in Beijing

This section analyses the interactions between problems, policies, and politics in LTC policymaking in Beijing, determining unique sequences and the imbalanced significance of the three streams in the coupling process. The analysis revealed that LTC policymaking in Beijing was initiated by political pressure from higher-level authorities rather than the LTC issue, and the coupling of the three streams represented an intentional selection of an appropriately defined policy problem that merely provided legitimacy for preferred path-dependent solutions (Ackrill and Kay, 2011). Therefore, LTC policymaking in Beijing followed a politics-driven approach. That is, LTC policymaking was sensitive to political pressure and dominated by political deliberations.

8.2.1 Coupling problem conceptualisations and political factors

Given competing conceptualisations of the LTC problem in Beijing, it was crucial to see which LTC problem construction was moved up or down on the agenda by powerful forces. The coupling of problems and politics showed that neither the municipal government nor relevant departments were convinced that LTC was a compelling policy problem requiring policy intervention. At most, the LTC issue was regarded as a sub-problem of home care. Therefore, in terms of the three-level political conflict in problem definition (Baumgartner, 1989), Beijing failed at the first level to recognise the existence of the LTC problem, strongly indicating that LTC policymaking was not initiated by a policy problem.

In general, the Beijing municipal government itself had a weak political will to deal with the LTC issue (subsection 6.5.1). More practically and imminently, it confronted two competing policy imperatives, namely, relocation of the government and re-division of responsibility with the central government, which meant increasing expenditure and shrinking tax for Beijing (subsection 6.3.2). Furthermore, with close supervision by the central leadership, the two competing imperatives brought political pressure to Beijing, making the shift of attention to LTC unlikely. In contrast, with the absence of policy clarity and follow-up action, the national strategies for LTC provision were unable to facilitate the formation of a strong political will in Beijing (sections 5.6; 6.5). Given weak political pressure from the central government and the anticipated weakening in financial capacity, the Beijing municipal government was unlikely to add LTC – which was predicted to be costly – to the agenda.

To some degree, the definition of a severe LTC problem was advantageous for Beijing HRSS as the implementer of LTCI in Beijing. According to the policy model of ‘concentrating on doing big things (*Jizhong liliang ban dashi*)’ in China (Zheng, 2010; Zhu, 2020), a severe LTC problem was supposed to gain intensive political attention and public spending, which would facilitate Beijing HRSS to promote the LTCI pilot. The data shows that Beijing HRSS did attempt to promote LTCI, for example, to draw attention from the mayor and seek financial support (section 6.5). However, it had little concern for the LTC problem itself, and its LTCI policymaking served the purpose of responding to political pressure from Beijing PC and China HRSS (section 6.2). Furthermore, Beijing HRSS had a weak willingness and no strategy for promoting LTC in Beijing (subsection 6.5.2). Aiming to keep a low profile in the LTCI pilot meant that its efforts to promote LTCI were largely constrained and thus confined to a certain scale. Hence, Beijing HRSS was unlikely to stand with researcher participants to promote the definition of a severe LTC problem.

Beijing MOCA and researcher participants sat at the two extremes in terms of the conceptualisation of the LTC problem. It was unlikely to find a compromised frame to bring their conflicting definitions together. Beijing MOCA's negative and even oppositional position on the LTC issue was determined by its statutory responsibility and thus departmental agendas. Given functional fragmentation in the Chinese government system (Mertha, 2009; Li, 2013), it was crucial for functional departments to act in accordance with their statutory responsibilities, formulated by the “Three Fixed Schemes (*San ding fang'an*)” that state fixed statutory responsibilities, fixed budget, and fixed staffing. However, the data shows that LTC has not even been included in the MOCA system's three fixed schemes (section 5.6),

indicating a lack of a legitimate basis for Beijing MOCA to act on LTC. Therefore, strong unwilling emotions to step in LTC provision were observed in the interviews with government officials at Beijing MOCA. Besides, Beijing MOCA did not encounter political pressure from China MOCA or the municipal government to shift attention to LTC in ageing policymaking as neither of them tended to promote the LTC issue at the local level. Furthermore, the data clearly shows that Beijing MOCA was backed up by Beijing PC to prioritise home care to enforce Beijing Regulation (section 6.5). Therefore, in contrast to shifting attention, Beijing MOCA aggressively promoted its agendas, such as targeted welfare and social care, without interruption from other forces (sections 6.3; 6.4).

8.2.2 Coupling policy proposals and political factors

In Beijing, the interests of the municipal government, Beijing MOCA, and Beijing HRSS, namely, pro-status quo with minimal changes to the existing ageing policy system, formed a 'policy monopoly' to prevent drastic policy change (Birkland and Warnement, 2016, p. 95). Therefore, the coupling between proposed solutions to LTC provision and political factors led to the triumph of a small-scope LTCI and low-degree integration. The status quo prevailed over a wide-scope LTCI and LTC-centric service system for a pair of attributes: political and financial stability, and policy responsiveness. The result confirmed that the perception of substantial risks by policymakers contained in far-reaching reforms result in the adoption of a small rather than a large-scale policy change (Zohlnhöfer et al., 2015).

Regarding the funding mechanism, through the interplay between proposed solutions and an unfavourable political environment, the option of a small-scale LTCI moved up the agenda. The way that a combined funding mechanism for LTC was implemented by local governments largely depended on how social insurance was established and its role in it (section 5.2). Therefore, it is essential to examine the establishment of LTCI in local areas to identify the structure of a combined funding mechanism. Strikingly, all types of Beijing policymakers were content with a small-scope LTCI in terms of the administrative level and the targeted population as it not only ensured stability but also achieved policy responsiveness to national strategies. A small-scope LTCI mainly funded by health insurance funds and covering urban residents with severe disabilities ensured financial stability and avoided political risk by closely following the central directives. Although being confined to the lowest administrative level (district) compared to other local areas in the national pilot programme and covering the least range of disabled older people, it achieved a minimal level of policy responsiveness to the central directives in terms of timeliness and intentionality (Sogie-Thomas et al., 2018).

Specifically, the Beijing municipal government was likely to welcome a small-scope LTCI to avoid major reforms and corresponding political risks and anticipated public spending, thereby conforming to value and budget acceptability (Kingdon, 2011). Establishing a new type of social insurance demanded a strong political will to take political risks, reform the existing institutions, and mobilise resources. However, as the findings have established, the strong political will to tackle the LTC issue did not exist in the municipal government (subsection 6.5.1). For example, to achieve universal access regardless of the urban–rural divide, a large number of insurance premiums were to be collected from the insured, or subsidised by public funds. The former was in opposition to the national trend in easing the

tax burden for society, containing the political risks of going against the central authorities, and the latter posed a huge challenge to local fiscal capacity. Then, to address the funding issue, three alternatives to health insurance funds and public funds were proposed, however, all demanded reforms on the existing social security and public finance institutions, namely, the 'deep-water zone of institutional reform' in China (subsection 6.3.2).

Likely, Beijing HRSS would support a small-scope LTCI pilot to ensure policy response and financial stability and avoid political risk. As established, pushed by dual pressure from Beijing PC and China HRSS, Beijing HRSS led the LTCI pilot in the Shijingshan District (section 6.2). Its primary objective was to respond to the two superior authorities rather than addressing the LTC issue itself. Furthermore, small scope meant lower spending and thus more financial sustainability, which was the most concern for Beijing participants (section 6.3). More importantly, a small-scope pilot that meant controllable risk was a preferred option due to a unique local context, that is, a failed LTCI pilot in the Haidian District (CBS16: junior official, Beijing HRSS), which was considered unbearable for Beijing as the political centre. For example, all participants at China MOCA, Beijing MOCA, and Beijing HRSS who mentioned this pilot avoided using the label of 'failure' despite thinking that it was. One researcher participant explained that "we cannot announce it as a failure. Instead, we launch a new pilot to shift attention [and thus cover up the failed one]" (CBS20: researcher, a Beijing university). Beijing HRSS's stance of keeping off the radar confirmed that a failed experience put extra pressure on Beijing HRSS and the motivation of avoiding failure was powerful (subsection 6.5.3). It strongly proved that the impact of failed attempts on subsequent policymaking was crucial, leading policymakers to concentrate on costs of policy change rather than potential benefits (Li, 2009).

To retain dominance in the ageing policy system, Beijing MOCA was unlikely to oppose a small-scope LTCI pilot. Beijing MOCA was not a veto actor⁴³ to support or oppose LTCI as LTC was beyond its statutory duty, but its neutral stance in small-scope LTCI implicitly increased salience. Although Beijing MOCA showed strong opposition to LTCI throughout the debates on LTC funding mechanisms (subsection 6.3.2), it would not oppose an LTCI with a small scope and little effectiveness. Under any term, a small-scope LTCI prevented LTCI from becoming an equal competitor to social welfare in a combined funding mechanism for older people in Beijing. Therefore, the risk of losing dominance in the ageing policy system was not imminent for Beijing MOCA. Despite strong advocacy for social insurance solutions, three researcher participants in the Beijing case did not express any specific expectation of the scope in terms of the administrative level, and two of them supported a small scope in terms of targeted population and coverage aiming to ensure financial stability (subsection 6.3.2).

Regarding LTC design and delivery, the interaction between competing solutions and an unfavourable political environment moved up the proposal of low-degree integration and thus the social care-based system, while the LTC-centric solutions were strongly opposed by Beijing MOCA and not supported by other forces. As the major regulator and organiser of services for the ageing population, Beijing MOCA was crucial to shaping LTC delivery. The

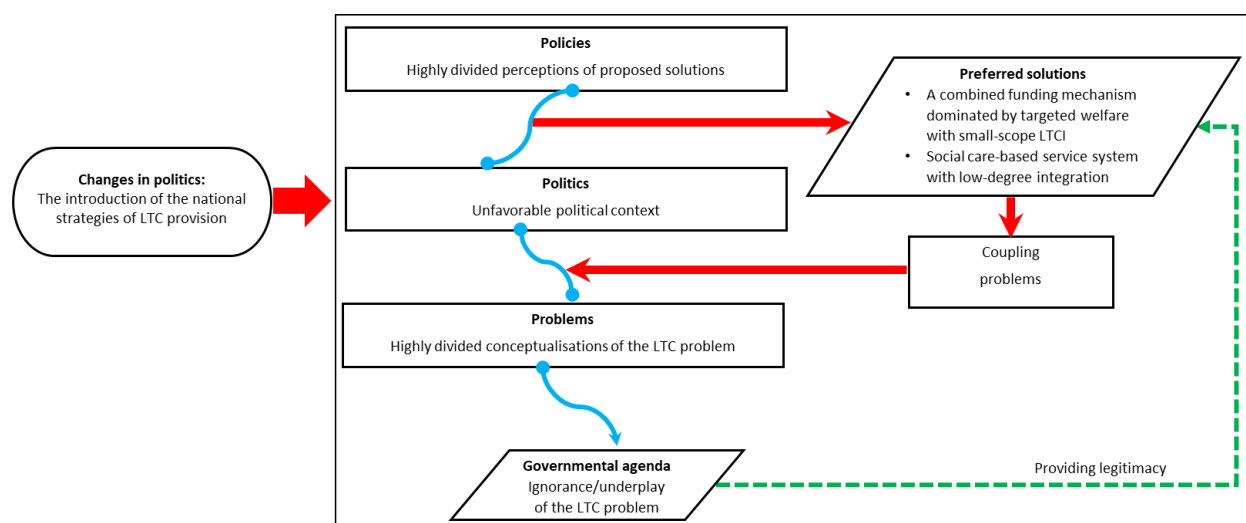
⁴³ According to veto-player theory, due to competing stakeholders, decision-making procedures established by political institutions create veto players. Their consent is necessary for a change in the status quo, and more veto players mean more deadlocks to efforts for change (Tsebelis, 2002; cited by Caplan, 2004).

findings established that it stuck to its approach of social care delivery for older people and considerably side-lined LTC in three aspects, including the priority of LTC in the service system, the involvement of health care in service delivery, and integration (section 6.4). Therefore, Beijing MOCA's downplay of LTC, the resistance to more involvement by the health care sector, and low-degree integration substantially decreased the opportunity for LTC-centric solutions to be selected in Beijing. Despite its implementer role in the LTCI pilot, Beijing HRSS did not show a preference for LTC-centric solutions. It focused on the financial sustainability of LTCI, showing little interest in service delivery (sections 6.3; 6.4). At most, Beijing HRSS was consistent with Beijing MOCA in supporting the limited role of health care in LTC delivery out of concern for the financial sustainability of LTCI (subsection 6.4.2).

8.2.3 A politics-driven policymaking approach

As reviewed in Chapter 3, dramatic policy change demands the convergence of problems, policies, and politics; however, not all three streams are coupled simultaneously with the same importance. Rather, it is common to find that the third stream is of limited importance in policymaking (Ridde, 2009; Zohlnhöfer et al., 2015; Mu, 2018). In Beijing, the above coupling illustrated that the problem stream was the third stream, which was finally connected to the other two streams and played a limited role in LTC policymaking. As depicted in Figure 5, the introduction of the national strategies exerted political pressure on local governments for implementation and triggered LTC policymaking, signalling the need for policymakers to select from the existing proposals to make a response (Ackrill and Kay, 2011; Kingdon, 2011). Given a lack of policy clarity and follow-up action, Beijing participants commonly interpreted the central commitment to LTC as conditional, indicating only light pressure on Beijing. Therefore, the coupling of policies and politics occurred first, aiming to find preferred solutions that ensured stability and a minimal level of policy responsiveness, and then the problem stream was connected to them, providing a rationale for the adoption of preferred solutions.

Figure 5 Coupling problems, policies, and politics in Beijing



Source: Adapted from Ollila, Baum and Peña (2013, p. 6)

The above features of the interplay of problems, policies, and politics determined the LTC policymaking approach in Beijing as politics-driven and risk-averse. LTC policymaking was sensitive to political pressure either from the outside or inside the political system and stuck to bottom-line thinking, that is, maintaining political and financial stability. The entry of the LTC problem onto the agenda was linked to political pressure from public opinion or the superior authorities, and the discussion and selection of proposed solutions were dominated by political deliberations, such as stability and policy responsiveness. The politics-driven policymaking approach meant that the more intense political pressure led to path-departing LTC policymaking, recognising the severe LTC problem and selecting LTC-centric solutions. However, the Beijing case illustrated the opposite, that is, low political pressure from the central government, the municipal government, and the public, and an emphasis on stability significantly brought about path-dependent policymaking to retain the status quo of the ageing policy system.

8.3 An intentional selection of policy proposals in Shanghai

This section analyses the interactions between problems, policies, and politics in LTC policymaking in Shanghai. The analysis showed that LTC policymaking in Shanghai was strongly motivated by the severe LTC problem rather than political pressure, and thus the coupling of the three streams represented an intentional selection of path-departing solutions that were supposed to tackle the problem effectively. Therefore, LTC policymaking in Shanghai followed an issue-focused approach.

8.3.1 Coupling problem conceptualisations and political factors

The coupling between the problem and the political streams led to the prominence of the conceptualisation of a severe LTC problem on the governmental agenda, namely a threat to society in Shanghai. Hence, Shanghai succeeded in recognising the existence of a severe LTC problem. The coupling confirmed that ideas prevail not only by their substance but also by support from powerful forces (Kingdon, 2011). Regarding substance, this conceptualisation was based on relatively complete information on LTC needs, which facilitated policymakers to conceive the LTC issue comprehensively and inclusively (section 7.2). The mixed-use of evidence and public opinion to finalise a societal risk view on the LTC problem evidences the point considered important by Kingdon (2011), that knowledge-use reduces political manipulation in policymaking. In Shanghai, public opinion did not detect LTC needs demanding policy intervention. However, through policy-related research, investigations, and surveys, the evidence on population ageing and disability among older people enabled policymakers to find the gap in detected needs through public opinion, thereby taking a comprehensive and forward-looking perspective on real and rapidly increasing LTC needs. It is reasonable to predict that solely relying on public opinion must lead to the definition of a minor LTC problem in Shanghai.

Regarding political support, this conceptualisation gained unanimous backing from all policymakers. It was the municipal government who escalated the LTC issue to the domain of social governance, which was the bottom-line priority in Shanghai. Much more than just showing a gesture, the municipal government sustained attention to the LTC issue and strongly guided functional departments to work on the LTC issue by actively participating in

the national pilot, reforming the existing institutions, promoting interdepartmental coordination, and conducting close performance monitoring (section 7.5). Given the centralised political system in China, such a firm stance by the municipal government cannot help but influence all functional government departments. Although all participants from these departments tended to use evidence to justify their perceptions of a severe LTC problem, it is reasonable to believe that the municipal government's firm stance and prompt action directed their conceptualisation.

As to researchers and key LTC service providers involved in this study, the data does not find any account from social actors that argued for ignoring or underplaying the LTC issue in Shanghai. The definition of a severe LTC problem was commonly recognised and advocated by mainstream research in China (Pei, 2009; Yang, 2016), including by the researcher participant in this study. LTC service providers worked at the frontline and gained first-hand evidence on LTC needs, facilitating the raising of awareness of the severe LTC problem. Moreover, this definition was estimated to help with their business, given the highly valued experience of 'concentrating on big things' in China. Namely, recognition of the severe LTC problem by the government could bring in intensive investment in LTC (CBS02: senior official, China MOCA), and LTC service providers would in turn benefit from this huge public spending.

8.3.2 Coupling policy proposals and political factors

The above coupling gave rise to the priority of the severe LTC problem on the governmental agenda, which urged Shanghai policymakers to search for solutions. Then, the policy stream was connected through coupling proposed solutions to funding and delivering LTC and conducive political context. The convergence resulted in the triumph of path-departing solutions over the status quo on the decision agenda, including a wide-scope LTCI pilot and high-degree integration. In terms of value acceptability, this universal and LTC-centric solution was compatible with the value of multi-dimensional effectiveness in the Shanghai policy community.

Universal LTC provision was supported by all types of policymakers in Shanghai. This view started with challenging the effectiveness of existing targeted welfare, therefore building the foundations for establishing a new institution to address the LTC problem in Shanghai (section 7.3). At the municipal level, the critical evidence on the support for the universal approach was the inclusion of LTC into BPS. Fundamentally, it defined LTC provision as a public service, and thus the universal approach to, and the primary government responsibility for, LTC provision (section 7.3). Given the fact that neither the central government nor other local governments attempted to do the same, this policy was both pioneering and bold. Then, all Shanghai participants believed that social insurance and UNAS ensured universal access to finance and service provision respectively and provided relatively more benefits than targeted welfare for disabled people. More substantially, the operationalisation of this approach was made possible by a proactive attitude to building wide-scope LTCI and unanimous support for UNAS (sections 7.3; 7.4).

Regarding LTC delivery, the LTC-centric approach was favoured by Shanghai HRSS and HC and supported by Shanghai MOCA. Three types of compatibility explained Shanghai HRSS and Shanghai HC's preference for the LTC-centric approach: effectiveness in service delivery, the

current policy approach, and departmental agendas. In general, both departments valued health care as more professional than social care in service delivery (sections 5.5; 7.4). Therefore, the increasing involvement of health resources, especially the primary health service centres and LTC service stations in the resident compounds, promoted high-degree integration and thus ensured the effectiveness of LTC delivery (section 7.4). Besides, both departments have adopted the universal approach to performing their statutory duties in the areas of social insurance and health care and have been closely connected through health insurance. Needless to say, compatibility with their current approach increased the possibility for the universal and LTC-centric approach to be selected by the two departments. Politically, the universal and LTC-centric approach offered the opportunity for the two departments to step into the ageing policy system, which used to be dominated by the MOCA system. A wide-scope LTCI pilot provided a fulcrum for Shanghai HRSS and Shanghai HC to take over the leadership of LTC policymaking from Shanghai MOCA. Similarly, with the extensive involvement of health care, the LTC-centric approach had great potential to change power relations in the ageing policy system. As established, Shanghai has witnessed power shifting from Shanghai MOCA to Shanghai HRSS and HC in LTC delivery (section 7.5).

Shanghai MOCA's stance on the LTC-centric approach was flexible and strategic. The data shows that Shanghai MOCA had strong disagreements on the excessive involvement of health care and worried about high costs of LTCI and LTC delivery, and thus even suggested giving up LTCI and turning to social care (section 7.3). However, these voices were unassertive in the interviews. This might be due to Shanghai MOCA's relative weak status in LTC policymaking and the political culture in the Chinese government system, that is, it was inappropriate for Shanghai MOCA to criticise LTCI and health care policies that were beyond its statutory duty (sections 6.3; 6.6; 7.5). Meanwhile, Shanghai MOCA indeed enhanced the LTC-centric approach by increasing informal care and particularly cognitive disability-related service delivery (section 7.4). Objectively, these efforts did not just complete the LTC-centric service system by addressing more types of LTC needs. More importantly, Shanghai MOCA has gained a reputation in service delivery associated with cognitive disabilities and aimed to establish a service system independent of the current LTCI dominated by Shanghai HRSS and HC (sections 7.4; 7.5). Therefore, it can be inferred that Shanghai MOCA tended to use this policy domain to take back control of LTC delivery.

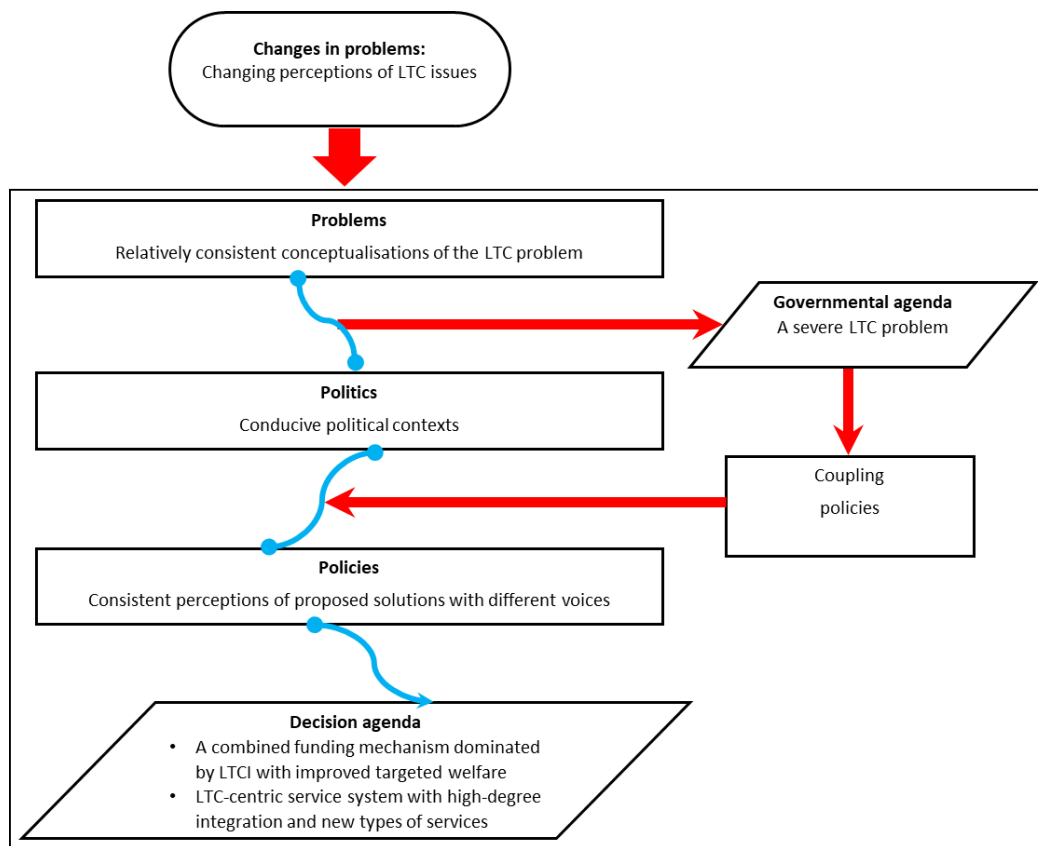
Regarding social actors, the service provider participant supported the universal and LTC-centric approach as it was in line with his/her value pursuit of effective and high-standard service delivery as well as business interest. This participant highly valued professional service delivery and aimed at running his/her care institution with an international standard regardless of the vast amount of time involved and the scale of financial investments (CBS31: key LTC service provider, Shanghai). Also, this participant was an important stakeholder. As reported, most residents in his/her care institution were entitled to LTCI, which secured a stable income source for the organisation. This financial security was valuable for service providers, as more than 70% of care institutions in China were struggling for survival (China MOCA, 2016a). For researcher participants, as discussed above, mainstream research on population ageing and LTC in China supported the universal and LTC-centric approach by recognising the severe LTC problem, and the researcher in this study did not oppose it in

his/her accounts. Furthermore, the participant was a member of the evaluation team in the LTCI pilot (section 7.5). These actions can be interpreted as an acknowledgement of the effectiveness of this approach.

8.3.3 An issue-focused policymaking approach

The above coupling of problems, policies, and politics demonstrated that LTC policymaking in Shanghai was motivated by a clearly defined LTC problem and aimed for effective solutions, conforming to the intentional selection of policies (Ackrill and Kay, 2011). As graphically presented in Figure 6, rather than the rollout of the national strategies for LTC provision, it was the changing perceptions of the LTC issue that initiated the LTC policymaking process. Therefore, the coupling of problems and politics occurred, presenting a compelling LTC problem for Shanghai policymakers. Then, this conceptualisation substantially guided the discussion and the selection of proposed solutions in the coupling of policies and politics, resulting in the triumphant success of the path-departing solutions.

Figure 6 Coupling problems, policies, and politics in Shanghai



Source: Adapted from Ollila, Baum and Peña (2013, p. 6)

The sequences and relative significance of problems, policies, and politics in the coupling revealed that LTC policymaking in Shanghai was issue-focused. It was strongly driven by the construction of a severe LTC problem and revolved around addressing the LTC problem in an efficient, equal, and accountable way. Furthermore, the evidence is a key factor in perceiving LTC needs that constituted the foundation for conceptualising the LTC problem. Therefore, this approach was evidence-informed and proactive, allowing knowledge to function as a

meaningful mechanism to check and balance political manipulation in the problem conceptualisation. For example, evidence of universal, large-scale, and objective LTC needs effectively contained the influence of political manipulation in problem conceptualisation, such as incomplete public opinion and capacity constraints.

The conceptualisation of the LTC issue as a societal risk initiated LTC policymaking in the government system. More importantly, it specified primary government responsibility for LTC provision through new institutional arrangements, thereby setting up the path for seeking concrete solutions to LTC provision in Shanghai. All Shanghai participants tended to make sense of their proposed solutions by referring to the severe LTC problem. Even for the municipal government, the discussion of LTCI followed the LTC issue that was brought into the domain of social governance by the municipal government (subsection 7.5.1). The sequence of these iconic actions indicated that the severe LTC problem provided a legitimate foundation for discussing path-departing solutions rather than patchy amendments to the existing ageing policy system in Shanghai. Once conceptualising the LTC problem as a societal risk, Shanghai participants challenged the existing ageing policy system, and thus primary government responsibility and new institutional arrangements as the solutions were incorporated into the problem definition (section 7.2). More evidently, by definition, a strong political will held by the Shanghai municipal government meant “a common understanding of a particular problem on the formal agenda” and a commitment to supporting a potentially effective policy solution (Post, Raile, and Raile, 2010, p. 659).

8.4 Comparing the LTC policymaking process in Beijing and Shanghai

Although “pinning down the factors shaping policies in China is notoriously difficult” (Duckett, 2019, p. 29), a comparison of the LTC policymaking process in the two sites facilitated this study in determining the main factors that influenced LTC policymaking. Different combinations of these key influencing factors explained different LTC policymaking experiences in the two case study sites, namely, a weak coupling in Beijing and an active and sufficient coupling in Shanghai.

8.4.1 Key influencing factors of LTC policymaking

Firstly, a comparison of the problem stream in Beijing and Shanghai highlighted a tension between political deliberations and knowledge in the conceptualisation of the LTC problem. Here knowledge refers to “expertise knowledge that is systematically gathered information grounded on a scientific basis and presented in research, expert, or evaluation reports” (Lundin and Öberg, 2014, p. 27). Beijing gave much more weight to political factors and essentially suppressed the evidence-informed problem definition (sections 6.2; 8.2), while Shanghai heavily relied on evidence and combined it with public opinion (sections 7.2; 8.3). Secondly, in the policy stream, the tension between stability and effectiveness was prominent in the discussion and selection of proposed solutions. Beijing highlighted political and financial stability (sections 6.3; 6.4) while Shanghai highly valued policy effectiveness and embraced drastic reforms to the existing system (sections 7.3; 7.4). Thirdly, in the political stream, a strong or weak political will at the municipal level shaped the adverse or supportive political contexts for LTC policymaking. In Beijing, a weak political will in the municipal government formed a generally unfavourable political context, indicating that the politics stream moved

away from LTC policymaking (section 6.5). In Shanghai, full commitment to LTC provision urged the municipal government to transform power relations and initiate concerted actions, thereby creating a conducive political context for LTC policymaking (section 7.5). Fourthly, in the coupling process, the absence or the presence of key actors significantly influenced LTC policymaking in the two sites. In Beijing, no forces were determined to promote LTC policymaking, leaving it to depend on the existing power relations. On the contrary, the Shanghai municipal government showed its strong presence by giving direct instructions and coordinating multiple departments (section 7.5).

One combination of the above four factors determined that LTC policymaking in Beijing represented a weak coupling of problems, policies, and politics, referring to the minimal level of coupling of immature streams without ambitious and competent key actors. Therefore, the coupling of the three streams was more of a by-product of policymaking for improving social care (specifically home care) for older people by Beijing MOCA. Consequently, the weak coupling caused the retention of the status quo with minimal change, referring to a combined funding mechanism dominated by targeted welfare with a small-scope LTCI pilot and the nearly invisible role of private insurance, with LTC delivery relying on the social care-based system with a low degree of integration. These outcomes indicated a symbolic implementation of national strategies for LTC provision, compromising endeavours on establishing LTCI and promoting integration instructed by central directives, and therefore being unable to transform the current ageing policy system in Beijing.

Regarding three independent streams, none of them was prepared for coupling to achieve radical LTC policy change, thereby substantially reducing the opportunity for the conceptualisation of a severe LTC problem and allowing the LTC-centric solutions to prevail in competition with others. Due to low political pressure from the superior authorities and the public, the problem stream was preoccupied with the tendency to underplay or ignore the LTC problem. Dominated by concerns about stability and policy responsiveness, the policy stream was attentive to handy and risk-free policy alternatives by highlighting political, financial, and institutional constraints to LTC-centric solutions. A weak political will to address LTC issues at the municipal level shaped a generally unfavourable political context for LTC policymaking.

Regarding the coupling, neither the municipal government, Beijing HRSS, Beijing MOCA, nor researchers functioned as key actors dedicated to promoting the convergence of the three streams for LTC policy change. Although the introduction of the national strategies for LTC provision created the opportunity for LTC policymaking, no political forces took it seriously enough to promote policy change. Given a weak political will, the municipal government generally kept its distance and let LTC policymaking occur at the departmental level without higher-level involvement, making constraints unconquerable. Therefore, the powerful Beijing MOCA effectively promoted agendas of targeted welfare and social care while diminishing the opportunity for LTC-centric solutions to be prioritised on the agenda. Beijing HRSS was the legitimate but structurally weak and incompetent implementer of LTCI. It showed little intention to promote the LTC issue to a wider range, and all its efforts to draw attention from key post-holders to the LTC issue ended in failure. Researcher participants were

disadvantaged and apathetic advocates, exerting limited impact on LTC policymaking in Beijing. Although advocating for the definition of a severe LTC problem and LTC-centric solutions, they were unwilling and unable to move their proposals up on the agenda.

The other combination of the four key influencing factors determined that LTC policymaking in Shanghai represented an active and sufficient coupling of problems, policies, and politics, referring to the convergence of the three mature streams vigorously promoted by the municipal government, which led to dramatic policy change, as Kingdon (2011) describes. Consequently, an active and sufficient coupling brought about a significant departure from the existing ageing policy system, that is, the adoption of the universal and LTC-centric approach to LTC provision. Therefore, in a combined funding mechanism, social insurance for LTC became the dominant funding mechanism by taking over targeted welfare, and high-degree integration shaped LTC-centric service delivery. This departure represented a thorough implementation of national strategies for LTC provision.

In terms of three separate streams, they were ready to join together to promote the departure from the existing ageing policy system. In the problem stream, the most important factor was the evidence of LTC needs that contributed to the construction of LTC as a societal risk. In the policy stream, the universal approach to LTC provision was unanimously embraced by Shanghai policymakers for its anticipated effectiveness in tackling the severe LTC problem. In the political stream, a strong political will at the municipal level constructed supportive political contexts for LTC policymaking in Shanghai, which drew and sustained extensive attention from all related departments and eliminated political, financial, and institutional constraints to LTC policymaking.

In terms of coupling, three streams did not automatically evolve to be mature and move together to achieve dramatic LTC policy change (Kingdon, 2011). Instead, they were forcefully intervened by the municipal government to promote the conjunction of the three streams, thereby achieving path-departing LTC policy change. Therefore, Shanghai seized the opportunity brought by the introduction of national strategies to legitimise its previous policy innovations and advance LTC policy change (Exworthy et al., 2002). The municipal government's robust steering throughout LTC policymaking facilitated the formation of the highly convergent policy ideas in the problem and policy streams. More critically, the municipal government transformed power relations that significantly increased the attention to, and support for, LTC within the government system by directing Shanghai HRSS and Shanghai HC towards LTC provision. It increased Shanghai HRSS's and Shanghai HC's authority in LTC policymaking but did not overly suppress Shanghai MOCA. Instead, initiatives to develop new types of services were strongly supported.

8.4.2 Shared weaknesses of LTC policymaking

Comparing the LTC policymaking process in Beijing and Shanghai identified two main weaknesses shared by both sites; these were the incomplete translation of LTC needs into LTC policies in the sense of implementation, and elitist LTC policymaking, which strongly indicated a highly politicised process of LTC policymaking in China. One weakness is that both sites achieved an incomplete translation of LTC needs into LTC policies, and Beijing showed a lower level of translation than Shanghai. From the point of view of the problematic LTC

provision, Beijing's low-level translation of LTC needs into LTC policies was evident. A large body of research on ageing policy in Beijing and China strongly suggests the establishment of social insurance to ease the financial burden for disabled older people (Li and Dong, 2017; Li and Li, 2017; Wu, 2017; Xu, 2017; Shen, 2018; Xiong, 2019). Although there is no statistical data on the massive (unmet) LTC needs in Beijing, the mismatch between LTC needs and a social care system proves the existence of unmet LTC needs. The national data shows that the top three demands for community and home care are health care at home (*Shangmen kanbing*), housekeeping services, and LTC and rehabilitation, accounting for 38.1%, 12.1%, and 11.3% respectively, all of which relate to LTC needs (China NCA, 2016). In particular, this study confirmed that low-degree integration in the community and home settings was unable to meet LTC needs in Beijing (Hou et al., 2017; Xu, 2017; Shen, 2018). Although obscure and subtle, an incomplete translation of LTC needs into LTC policies was real in Shanghai.

The problem stream in the two sites demonstrated a highly politicised process of problem conceptualisation. In this study, the conceptualisation of the LTC problem centred on identifying the magnitude of LTC needs requiring policy intervention and thus the severity of the LTC problem. This approach conforms to the assumption in the existing literature on ageing and LTC policies, as reviewed in Chapter 3: objective LTC needs are to be measured and addressed by LTC policies. However, this study confirmed that how conditions become problems is a key political process of policymaking (Rocheftort and Cobb, 1994; Buse et al., 2012; Bacchi, 2016), resulting in more or less inclusive translation of LTC needs into the policy problem in the two sites. In Beijing, political pressure from the superior authorities and the public was the dominant factor influencing the conceptualisation of the LTC problem. When it was not strong enough, Beijing was likely to distort the translation of LTC needs and served the government's preferences. The low political pressure from the superior authorities led to discretion to prioritise financial stability over LTC needs in the LTC problem conceptualisation. Financial stability was a dominant logic in policymaking and has long been the main constraint to China's policymaking (Wang, 2009; Kingdon, 2011; Zhang, 2016). All participants in this study were seriously concerned about it as one dimension of stability. To ensure financial stability, LTC needs as an entity was denied as inflexible for policy intervention and then tailored to cognitive disability-related LTC needs to fit the perceived limited fiscal capacity. By defining LTC needs for government actions in the narrowest sense, Beijing tended to take on as little government responsibility as was required and invested limited resources in LTC provision, indicating a low-level translation of LTC needs into the LTC problem for policy intervention.

Also, public opinion was at risk of misreporting or minimising LTC needs due to information loss or distortion and local government preferences (Li, 2006; Zhang, 2008; Fan, 2015; Huang, 2017). It can be mobilised by politicians, affected by a smaller number of people, or miss important spheres (Kingdon, 2011), and not all groups of people have equal opportunity and adequate channels to voice their opinions to policymakers or have sufficient power to influence policymaking (Peerenboom, 2002; Zhang, 2008). This study proved that healthy older people in China, and particularly high-ranking veterans and wealthy older people in Beijing, drew the attention of the central committee, the State Council, the Beijing municipal government, and Beijing MOCA. Their demands for social care, equal welfare benefits, and

legal services for property protection were expressed, prioritised, and addressed by ageing policymaking.

Likely, in the policy stream, attention to stability rather than policy effectiveness considerably reduced the opportunity for the universal and LTC-centric solutions to be selected, therefore rejecting a more inclusive translation of LTC needs into policies. In the discussion of LTC solutions, highlighting political risks and constraints to stability was the typical bottom-line thinking in policymaking as seen in the problem stream, namely, compatibility with the dominant value of political and fiscal stability. For example, the data shows that most Beijing participants admitted that LTCI was imperative to effectively tackle population ageing and LTC issues in the long run. However, they were still attentive to the status quo in that it ensured stability by making small changes to the existing ageing policy system. This short-sighted policymaking was the prominent limitation of the reactive policymaking approach (Zhao and Xue, 2017).

In Shanghai, although a more inclusive translation than that of Beijing was achieved by heavily relying on evidence and emphasising the criterion of policy effectiveness, it was still incomplete. It is reasonable for two reasons. Theoretically, bounded rationality in processing information causes incomplete and unreliable monitoring of the environment (Boswell, 2015). Practically, the data shows that Shanghai policymakers also had contested views on what constituted basic LTC needs for policy intervention, such as whether the need for social care, informal care, and cognitive disability-relevant services should be included (sections 7.2; 7.4). At the time of the fieldwork, these needs were underplayed or overlooked in LTC policymaking due to a lack of LTC knowledge and capacity constraints (sections 7.2; 7.5). Therefore, although government responsibility for universal access to LTC provision indicated a high-degree translation of LTC needs into LTC policies, some LTC needs were still missing in LTC policymaking.

Another weakness is the elitist LTC policymaking. The incomplete translation of LTC needs to LTC policies exposed insufficient pluralistic participation characterised by the significant absence of the general public and (external) experts in LTC policymaking. This finding confirmed that Chinese policymaking retained elitism and was government-centric. Policymakers directly participating in LTC policymaking included government officials from the central and local governments; selected researchers from knowledge institutions affiliated to, and outside of, the government; and representative professionals in LTC delivery in local areas. All of them were political, intellectual, and economic elites in terms of hierarchies of power, wealth, and status (Parry, 2005). In contrast, the public neither made direct inputs into the problem or policy stream nor acted as a political force joining the political stream. For example, neither the central government nor Beijing and Shanghai detected LTC needs through public opinion, indicating that disabled older people had no access to expressing their interest in articulating LTC needs nationally and locally. Only indirect participation occurred in this study and literature, including feedback through public opinion, national and local NPC and CPPCC's investigation, and elites' perceptions of people's needs (Mu, 2018). However, indirect participation was subject to interpretations by the agency. Furthermore, as the findings established, not all groups of older people had the

opportunity to speak out about their needs. With few mechanisms available to express their voice, the public has been passive policy recipients in China (Zhu, 2013).

The exclusion of (external) experts from LTC policymaking was prominent. Baumgartner (1989) believes that the definition of participants in policymaking is a fundamental political issue, and what role experts play in policymaking is “a consequence of the local political environment”, as state actors possess legal authority granted by statute (Kingdon, 1995; Lundin and Öberg, 2014, p. 25). This point is particularly true in China where an important political environment is the power imbalance between state and social actors stemmed from the government- and CPC-centric policymaking model (Liu, 2004; Li, 2006; Dong, 2008; Wang and Hu, 2010; Ren, 2016; Ma et al., 2018). As the data shows, by applying criteria to select social participants, government officials controlled access to policymaking and determined their eligibility for participation. Therefore, researchers who were less well known, less familiar with, or stuck to different stances, most likely had no opportunity to present their policy ideas. Similarly, the criterion of being successful in service delivery and organisational management effectively excluded the majority of service providers from policymaking, especially small-scale social organisations that accounted for the main body of service delivery in China (Zhan, 2004; Ming and Huang, 2008). Besides, this study found that the main source of knowledge came from within the political system, such as bureaucrats themselves and government-led/sponsored knowledge institutions. This mode of knowledge production and utilisation indicated a bias against outsiders and significantly undermined the use of their knowledge. Furthermore, being part of the bureaucratic system, internal researchers’ independence was in doubt as they are supposed to support their authority’s policy ideas with specialised knowledge (Zhu, 2013).

Crucially, pluralistic participation was contingent on the willingness and choice of the government. To a certain extent, pluralistic participation in policymaking has been achieved and institutionalised through standardised decision-making procedures (Mertha, 2009; Wang and Hu, 2010; Li, 2013). However, an evident lack of political pressure from multiple sides, and limited knowledge use in the two cases, indicated symbolic participation by civil society, researchers, professionals, and the mass media in LTC policymaking, including insufficient channels of interest expression for different groups of people, the imbalanced capacity of interest expression, and imbalanced power between state and social actors (Wang, 2003; Wang and Jiang, 2006; Xue, 2006; Teng, 2007; Ming and Huang, 2008; Shi, 2009; Wu and Chen, 2009; Yao, 2009; Wang and Hu, 2010; Zhao and Xue, 2017). Such extensive exclusion of the general public confirmed that citizen’s participation in policymaking had not yet been institutionalised (Mertha, 2009), and the agenda-setting relied on the acknowledgement and acceptance by the government system in China (Zhang, 2008). This feature further confirmed elitism and government-centric policymaking and the dominant “fragmented authoritarian model” in China, which hindered public participation and impeded knowledge use (Li, 2009; Duckett, 2019).

8.5 Chapter summary

This chapter applied MSA to analyse the interactions of problems, policies, and politics in LTC policymaking in Beijing and Shanghai, revealing an intentional selection with different

intentions, sequences, and weights of each stream, thereby determining their different policymaking approaches. In Beijing, LTC policymaking was driven by politics, such as political pressure and political deliberations. Responding to real but low political pressure to implement national strategies for LTC provision, the coupling of problems, policies, and politics tended to search for an appropriately defined LTC problem compatible with the preferred path-dependent solutions to ensure political and financial stability and minimal policy responsiveness. Vastly different in Shanghai, LTC policymaking was issue-focused, and both policies and politics served the purpose of addressing the severe LTC problem effectively. The intentional process started with conceptualising a severe LTC problem, which triggered LTC policymaking at the municipal level and in the entire government system and guided the discussion and selection of proposed solutions.

By each stream and the coupling, a comparison of LTC policymaking in the two sites discovered four key factors that affected LTC policymaking. They included the tension between politics and knowledge in the problem stream, the tension between stability and effectiveness in the policy stream, the political will shaping the local political context, and the key actors promoting the coupling. The different combination of the four key factors determined different LTC policymaking processes and outcomes. The weak coupling of the three immature streams resulted in path-dependent solutions adopted in Beijing while an active and sufficient coupling of the three mature streams led to the triumph of path-departing solutions in Shanghai. Taking the national strategies for LTC provision as a benchmark, maintaining the status quo in Beijing represented a symbolic implementation that compromised the central directives' endeavours on establishing LTCI and promoting integration. Differently, the Shanghai solutions were moving towards a more inclusive system in terms of universal access to, and government responsibility for, LTC provision, which was far ahead of the objectives set by national strategies. Also, the comparison of LTC policymaking in the two sites revealed the politics running through the process, which led to a more or less incomplete translation of LTC needs into LTC policies. The cross-case comparison showed that more attention to politics and stability, rather than knowledge of issues and policy effectiveness, led to a less inclusive translation of LTC needs into LTC policies in Beijing. Furthermore, incomplete translation exposed low-level and contingent pluralistic participation in LTC policymaking in the two sites.

So far, this study has demonstrated the applicability of MSA in the Chinese context. Three independent streams of problems, policies, and politics were clear in LTC policymaking, and their interactions revealed the LTC policymaking approach and informed the methods of funding and delivering LTC in Beijing and Shanghai. In this way, MSA explained different experiences of LTC policymaking in the two sites, revealing their core features of LTC policymaking. For example, the two policymaking approaches were highly consonant with the regional policy style frequently mentioned by participants in this study, namely, the North-style (*Jing pai*) and the South-style (*Hai pai*) in China. Next, Chapter 9 will discuss the theoretical and policy implications of these findings through reflection on the broader literature.

Chapter 9. Theoretical and Policy Implications

9.1 Introduction

By examining the implementation of national policies of LTC provision in Beijing and Shanghai, the earlier four chapters (5, 6, 7, and 8) presented main research findings on the national strategies of LTC provision, the core processes of LTC policymaking in the two sites, and their LTC policymaking approaches and key influencing factors. Moving forward, this chapter discusses the significance of these findings to the research question and positions them in the existing literature, showing how this research extends previous understandings. Chapter 9 proceeds as follows: Section 9.2 elaborates on the conceptual modifications to the core components of the Multiple Stream Approach (MSA) that demonstrate how this research advances MSA to fit in a different country context, and the remaining challenges for the application of MSA; Section 9.3 discusses the implications of the findings on the highly politicised process of LTC policymaking to Chinese social policy; Section 9.4 examines the implications of the two LTC provision methods adopted by Beijing and Shanghai to the development of Moderate Universalism in China; Section 9.5 suggests future research based on this exploratory research; and Section 9.6 provides a summary of the chapter.

To recap, the thesis aims to address this research question and objectives:

Research question:

What are the key factors that contribute to explaining the different LTC policymaking experiences across China? The cases of Beijing and Shanghai.

Objectives –

- 1) *To examine the national strategies of funding and delivering LTC instructed by the central directives*
- 2) *To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*
- 3) *To explore the LTC policymaking approaches adopted in Beijing and Shanghai and their influencing factors*
- 4) *To discover the implications for policymaking and welfare development in China*

9.2 Exploring LTC policymaking by the Multiple Streams Approach

“The further one travels from...the distinctive characteristics and procedures of the American legislature – the more Kingdon’s analysis may require adaptation.” (Pollitt, 2008, p. 127; cited by Ackrill and Kay, 2011, p. 73).

The comprehensive application of MSA to this study has proved that MSA provides a useful analytical framework, guiding investigation into the policymaking process, and identifying explanatory factors and their relative importance (Liu et al., 2010; Sætren, 2016). In nature, it concurs with the traditional thought of ‘*Tianshi, Dili, Renhe*’ in China, meaning change is most likely to occur when various conditions and resources merge, including timing, location,

and people. However, applying MSA to this study demanded significant adjustments. As reviewed in Chapter 3, MSA has been criticised for insufficient incorporation of the formalised and institutionalised settings as it misses components of participants and choice opportunities (Howlett et al., 2015; Sætren, 2016). Hence, the concepts and variables of the original MSA, developed from the American political system, may not be applicable to other countries (Zohlnhöfer, 2015; Béland and Howlett, 2016). Given the institutional context of LTC policymaking in China, this study re-built the three streams by incorporating five elements: 1) political pressure; 2) stability; 3) policy responsiveness; 4) political will; and 5) power relations. These conceptual adjustments fully considered central–local dynamics and imbalanced power in the Chinese context. In this regard, this study advanced MSA to provide an inclusive framework through which to analyse the policy responses of lower-level governments to higher authorities under ambiguity, therefore enhancing its explanatory power in different institutional settings. Despite extensive modifications, challenges remained for the application of MSA to this study.

9.2.1 Conceptual adjustments

In the problem stream, Kingdon (2011) outlines three important mechanisms to reveal problems: feedback, evidence, and focusing events. Besides, this study identified political pressure from higher authorities as an important factor that shaped the LTC problem in Beijing and Shanghai as the formal structure of institutions and procedures affects the problem conceptualisation (Spohr, 2016). It is often seen that the superior governments shape local policy agendas through their organisations, programmes, regulations, and funding (Hula and Haring, 2004; Liu et al., 2010). Particularly, in a centralised political system like China, instructions from the superior authorities still constituted a crucial source of policymaking despite dwindling authoritarian power (Mertha, 2009; Wang et al., 2018), and lower-level governments are supposed to implement national policies (Liu, 2004; Li, 2006). Furthermore, cadre management and assessment by the superior government strengthened government officials' motivation to prioritise the issues that attract the higher authorities' attention (Zhao and Xue, 2017; Tian, 2018). In Beijing, Beijing Regulation overseen by Beijing PC and the central instructions on LTC provision directly presented the LTC issue to Beijing MOCA and Beijing HRSS, neither of whom viewed LTC as a policy problem on their policymaking agendas. In particular, Beijing HRSS initiated LTC policymaking and conducted the LTCI pilot purely in response to the pressure from Beijing PC and then China HRSS. Even outside of the national pilot programme, meaning that China HRSS's instruction on the LTCI pilot had no mandatory power over Beijing, Beijing HRSS still sensed pressure to make a policy response. Shanghai's LTC policymaking was proactive; however, political pressure mainly from the municipal government also played a crucial role in LTC policymaking. As the findings established, the municipal government exerted high political pressure on LTC policymaking through its strong political will and a series of actions, such as elevating the LTC problem to the social governance domain, coordinating departments, performance monitoring, and giving specific instructions.

Besides the superior government, NPC and CPPCC exerted political pressure on local governments in LTC policymaking. They have the constitutional power to supervise the government system. Data and the researcher's experience working in China MOCA show that

timely response to China NPC and CPPCC's suggestions and proposals was the priority of China MOCA. In particular, NPC at each level of the administrative division is the legislative body in China. Regarding the enforcement of legislation, the NPC can put significant pressure on the government. In this study, Beijing PC used the opportunity of enforcing Beijing Regulation to promote LTCI as part of home care, and both Beijing FB and Beijing HRSS received irresistible pressure to conduct the LTCI pilot (section 6.2). Except for constitutional power, there is an increasing trend in NPC and CPPCC's involvement in policymaking as the process of democratisation in China (Qian, 2008; Wang and Hu, 2010). The data also confirms that both national and local NPC and CPPCC actively participated in policymaking in the population ageing domain through frequent field investigations, suggestions and proposals, and legislation and implementation (interview with CBS31, 14 September 2018).

In the policy stream, Kingdon (2011) believes that the probability of survival and selection of specific policy alternatives significantly increases when they meet key criteria, including technical feasibility, value acceptability, and anticipated constraints, such as budget constraints. This study identified the tension between stability supplemented by policy responsiveness and effectiveness in the policy stream, highlighting the three most important criteria to assess policy options in LTC policymaking in the two sites. Among them, stability and policy responsiveness were highly compatible with the Chinese political context. As reviewed in Chapter 3, stability is a rationale for Chinese policymaking, maintaining social stability has been the bottom-line thinking for the entire Chinese government system and a top priority in cadre assessments (Lee and Zhang, 2013; Wang et al., 2018), structuring policymakers' behaviour. In Beijing, most policymakers placed a higher priority on stability over goal attainment. Therefore, political, financial, and institutional constraints to path-departing solutions dominated the discussion of policy options, and the triumph of the small-scale LTCI and low-degree integration served the pursuit of stability. Although Shanghai policymakers were less concerned about stability in their discussion about proposed solutions than their counterparts in Beijing, they still paid attention to it but in a different way. Unlike Beijing participants who meant to preserve stability by retaining the status quo, Shanghai participants tended to achieve stability by taking proactive actions on the LTC issues, as they believed that inaction on rapidly increasing LTC needs would cause trouble to society. The above different perceptions of stability underlined how stability was constructed by local policymakers who tended to maintain it differently.

In this study, the two vastly different LTC provision methods adopted by Beijing and Shanghai were equally viewed as a response to the central instructions, as both methods included all elements of LTC provision instructed by national policies. The difference resided in varying degrees of policy responsiveness, namely, the status quo, with small changes, ensured a minimal level of policy responsiveness in Beijing, while the universal LTC provision in Shanghai far exceeded the expectations of national policies. These findings strongly suggest that policy response is vital to lower-level governments in a multi-level system, and thus 'policy responsiveness' constituted a criterion to assess policy options. This adjustment highlighted the difference from the original MSA that addresses policymaking at the federal level. As reviewed in Chapter 3, to enhance the explanatory power at the local level, Liu et al. (2010) employ 'policy compatibility' to assess proposed solutions. However, policy compatibility

implies that local governments aim to implement national policies thoroughly, which is contrary to the Chinese literature on local government behaviour that observes constant discrepancies in national policy implementation, especially in social policy (Lieberthal, 1992; Minzner, 2009; Nickum, 2010; Qian and Mok, 2016). Differently, policy responsiveness highlighted the autonomy of local governments and thus politics in the implementation of national policies. Given the centralised political system, it is rare to see a non-implementation mode in China, referring to the fact that “neither the central authority nor the local/sectoral level organization is motivated to take the actions necessary to introduce the required organizational adjustments” (Boswell and Rodrigues, 2016, p. 10). Therefore, to what extent local governments respond to national policies is critical to the implementation of national policies. In particular, when stability was used as the primary criterion to assess the proposed solutions seen in the Beijing case (meaning local policymakers tended to retain the status quo), a minimal level of policy responsiveness was imperative for any local LTC policymaking.

In the political stream, due to the different political systems involved in research, many researchers make adjustments to the politics stream when applying MSA. For example, to adapt MSA to parliamentary democracy, Herweg et al. (2015) analyse party politics because of the importance of political parties in parliamentary systems. This study contends that political will and power relations should be examined as crucial political factors in the policy process. These adjustments not only considered the Chinese political system that significantly differed from Western democracies, where the original and refined MSA developed, but also fixed a glaring flaw in MSA by incorporating the institutional context. In this study, political will was the key factor that shaped considerably different political contexts for LTC policymaking in the two sites. Three factors determined the decisive role of political will in LTC policymaking: the complexity of policy issues, the Chinese political system, and a source of party ideology. LTC policymaking confronted political, financial, and institutional constraints in the two sites, demanding a strong political will to overcome obstacles and even take political risks in some circumstances seen in the Shanghai case. From an institutional perspective, a fragmented bureaucracy determines that a higher level of coordination is imperative for initiating a project because no functional department has authority over the others (Mertha, 2009; Li, 2013). Furthermore, the centralised political system and the ‘chief executive responsibility system’ determine that political will at the municipal level can transform political contexts, therefore altering the course of LTC policymaking. The Chinese constitution recognises that the chief executives are the core of the system at all levels of the administrative units, enjoying the supreme authority and final decision-making power (Zou, 2006; Li, 2008; Lu, 2010). Ideologically, the ruling party of CPC views political will as a source of power, and a lack of political will endangers policy execution (Wang, 2009; Yao, 2017).

Power relations between state and social actors and between local MOCA, HRSS, and HC constituted the critical institutional context of LTC policymaking in the two sites. By incorporating power relations, MSA enabled this study to analyse which problem constructions and proposed solutions were supported or opposed by each powerful force in the coupling outlined in Chapter 8, thereby finalising the agenda of Beijing and Shanghai. This adjustment was grounded in historical institutionalism and the fragmented authoritarianism model (FA), both of which recognised asymmetrical power relations (Hall and Taylor, 1996;

Pierson, 2000; Béland, 2006). Historical institutionalism agrees that in the competition of ideas, authority is crucial to change, and thus the powerful actors are more likely to promote their preferred policy ideas successfully (Blyth, 1997). Likewise, the FA model assumes divided bureaucracies, in which independent departments bargain with each other to reach a consensus; however, their position in bargaining varies. For example, in China, the DRC system is regarded as a more comprehensive and powerful department than the other departments at the same level, and social actors were in a peripheral position in policymaking (Zhu, 2013; Mu, 2018). Compared with Beijing, Shanghai has dismantled the dominance of Shanghai MOCA and transformed into a more balanced power relationship with the rising role of Shanghai HRSS and HC in LTC policymaking, and this change decisively influenced the triumph of the universal and LTC-centric method of LTC provision in Shanghai.

The above five amendments to the three streams of MSA fully considered the complex central–local dynamics within a politically centralised, financially decentralised and functionally fragmented system, and power asymmetries in a society like China. They allowed the refined MSA to understand the implementation of national policies at the municipal level in China through examining LTC policymaking in local contexts, therefore addressing the research question. Theoretically, comprehensive modifications by this study improved the MSA, providing an inclusive framework with which to analyse the policy responses of subordinate organisations to their superordinate authorities under ambiguity. Therefore, this study significantly differs from the theoretical refinements reviewed in Chapter 3, which either introduce a single element to individual streams, for example local networks in the problem stream, policy compatibility in the policy stream, and the local policy window in the coupling, or assume crystal clear goals or policies from the higher authorities. Despite substantial amendments to, and high applicability of, MSA, its application to this study met with challenges. Some factors important in the original MSA remained undiscovered and the key concept of the policy entrepreneur illustrated a low applicability to this study.

9.2.2 Remaining challenges

In general, the short time frame of this study indicated limited data, which might “affect the nature of the findings or understandings of the policy process” (Lancaster et al., 2014, p. 165). Sabatier (1988, p. 131) states that “understanding the process of policy change...requires a time perspective of a decade or more” (cited by Birkland, 2020, pp. 388–390). However, this study chose a period of five years from 2013 to 2018 to analyse the evolution of LTC policies and policymaking in China. The relatively short temporal framework hindered the investigation of the factors that appear over a long period of time, such as the shifting national mood and public sentiment. They are important variables of the original MSA. However, this study did not consider them in the political stream, as such changes were not visible in the short period, thus leaving their influence on LTC policymaking unknown in this study. Also, the short time frame only allowed this study to examine one scenario at each site, identifying the politics-driven and issue-focused policy approach. Therefore, more questions follow when considering a long period of policy development. For example, is there the possibility that different scenarios occurred within a specific LTC policymaking process? If variables change, for example, and Beijing senses high pressure from the central government or the public to

implement LTCI, will local policymakers follow the same policymaking approaches identified in this study?

Public pressure conveyed by public opinion is important for problem construction and agenda-setting in MSA. However, it was invisible in this study. Both sites paid attention to public opinion in LTC policymaking. Since public opinion manifests issues “in which the vast number of people [are] interested” (Kingdon, 2011, p. 63), attention to it was in line with the purpose of CPC, as stated in the party constitution, namely, to serve the people, which was considered unchallengeable in Chinese policymaking (CBS02: senior official, China MOCA; CBS13: senior official, Beijing MOCA). More prominently, attention to public opinion served the bottom-line priority of stability for local governments in China. Public opinion that has not been dealt with appropriately causes ‘mass incidents (*Qunti shijian*)’ (or collective resistance), and thus political instability or even social unrest (Zhao and Xue, 2017; Yu, 2018). Despite such significance, public opinion did not exert pressure on LTC policymaking in either site, as it did not detect LTC needs for policy intervention. Besides, there was no evidence that the mass media had become a source of pressure to set LTC policymaking agendas in China, as Kingdon observes in his 2011 study. The data shows that government policymakers were hesitant about being put under public pressure, and therefore kept vigilant against the mass media and blocked it from the policymaking process (CBS22: senior official, Shanghai DRC). This concern conforms to the rule of political reform in China, that is, keep policymaking away from the public, “lest an early leak might cause social instability” (Chan and Cabestan, 2001, p. 404). Therefore, the above two missed factors remained the influence of public pressure on LTC policymaking unexplored. In particular, they presented a serious deficiency in studying the Beijing case, whose policymaking approach was identified as sensitive to political pressure.

The policy window is a core component of MSA; however, this study did not observe its crucial role in LTC policymaking in Beijing and Shanghai. The long duration of the policy window substantially reduced its significance to the results of LTC policymaking. As reviewed in Chapter 3, a policy window is a period with specific contextual determinants (Hyshka, 2009). In this study, a policy window opened in the political stream for both sites through the introduction of the national strategies for LTC provision. Notably, it did not close rapidly as Kingdon (2011) describes, and two contextual factors determined the long duration of the policy window for LTC policymaking in China: 1) the changing LTC policy system, and 2) institutional ambiguity in LTC policymaking. As a newly emerging policy area, the LTC policy system is still developing in China. In particular, the key policy, LTCI, was in the policy experimentation stage. Therefore, the policy window for LTC policymaking remained open to local governments before finalising national policies. Besides, LTC policymaking in China encompassed jurisdictional and departmental boundaries, leading to institutional ambiguity that extended the period of policy window by endogenous spillovers (Ackrill and Kay, 2011). Therefore, within the timeframe of this study, namely, 2013 to 2018, the long period policy window did not constitute a factor that decisively affected the LTC policymaking process in the two sites. As a result, this study did not address the question of how important the policy window is in LTC policymaking in China. Furthermore, the long duration of the policy window challenged the vital role of policy entrepreneurs, as they are the core figures who are supposed to seize the opportunity that a policy window presents for radical policy change.

The low applicability of the concept of policy entrepreneurs in this study posed a challenge to MSA. The original MSA and related research place policy entrepreneurs and entrepreneurial strategies at the centre of policy change (Kingdon, 2011; Knaggård, 2015; Spohr, 2016; Zahariadis and Exadaktylos, 2016). However, policy entrepreneurs are broadly defined, and this overly broad definition is likely to confuse participants and policy entrepreneurs who are supposed to manipulate strategies to promote coupling (Kingdon, 2011; Ackrill et al., 2013; Zahariadis and Exadaktylos, 2016). Furthermore, actors' behaviour is context-specific (Ackrill et al., 2013). In the Chinese context, patterned behaviour among policymakers, heavily influenced by the Chinese political system, substantially reduced the space for policy entrepreneurs. Therefore, to what extent entrepreneurial strategies influenced LTC policymaking under the Chinese context was highly doubtful. This study would suggest that it is more appropriate to look into the role of (key) actors who may or may not employ entrepreneurial strategies.

Firstly, government officials, who accounted for the majority of LTC policymakers, were inclined to act in accordance with their institutional positions and were very cautious about stepping into policy arenas that were not formally defined or designated to them. This behavioural pattern was rooted in the Chinese political system that values hierarchy, conformity, and statutory responsibility (Lieberthal, 1992; Caulfield, 2006; Yu and Wu, 2011), which greatly limited the scope for entrepreneurial strategies. For example, one researcher participant in Beijing reported that the rule of 'do not touch others' cheese' was vital and pervasive in the government system (interview with CBS20, 24 December 2018). As a result, proposed alternative funding sources for LTCI through relocating welfare spending or integrating multiple social insurance funds were immediately considered infeasible and therefore abandoned. Similarly, Shanghai MOCA eagerly explained that it was the instruction of the municipal government rather than its intention involving it in service delivery associated with cognitive disabilities. The explanation attempted to eliminate suspicion of crossing the line raised by Shanghai HC, who believed that cognitive disabilities were health issues.

Secondly, links between policymakers were unequal, loose, and fragile, which significantly hindered the manipulation of entrepreneurial strategies to build coalitions in the policy community. This situation was different from the network theory, arguing for resource dependence, shared ideas, and coalition-building within the policy network (Liu et al., 2016; Reardon, 2018). Also, it differed from the principle-agent theory that assumes 'knowledge imbalance' or 'information asymmetry', disfavours the principle (Zhu, 2013). The imbalanced power between policymakers demotivated their entrepreneurial behaviour. Despite pluralistic participation in Chinese policymaking, policymaking retains the government-led or ruling party-centric model in China (Zhu, 2008; Wang, 2009; Wang and Hu, 2010; Chen, 2013). Powerful state actors had no incentive to build a coalition, while disadvantaged social actors (researchers and service providers) did not have the power or resources for coalition-building (Zhu, 2013). Furthermore, the state and social actors deliberately distanced themselves from each other, and deep distrust between government officials and researchers further undermined such a weak link (section 7.5). Social actors remained considerably independent from government officials. In particular, researchers

firmly isolated politics from their academic research and considered making proposals to the government as fulfilling moral responsibility. When facing irreconcilable differences with state actors, withdrawal from policymaking was their primary option. There was little evidence that social actors stood up against, or tried lobbying, government officials to advocate their opinions in LTC policymaking. Therefore, a lack of willingness and resources explained why social actors rarely functioned as policy entrepreneurs in Chinese policymaking, despite their increased participation. Also, government officials remained distanced from researcher participants. They considered themselves ‘technocrats’, capable of conducting policy research (Lee, 1983; Wang and Hu, 2010), and the government-dominated political system gave them an unparalleled advantage in obtaining policy information.

Thirdly, both the Beijing and Shanghai cases showed that local policymakers tended to reach an agreement through non-antagonistic cooperation in LTC policymaking, namely, bargaining and coordination by the higher-level authorities (Lieberthal, 1992; Sima, 2011; Li, 2013; Duckett, 2019). In the political stream, five types of political activities are concerned: lobbying; negotiating; coalition-building; compromise of interest groups and power bases; and the consensus-building (Exworthy, 2008; Kingdon, 2011). In the Chinese context, rather than enforcement of veto power, consensus-building through bargaining and consultative and non-antagonistic cooperation between different types of participants characterises Chinese policymaking (Lieberthal, 1992; Wang and Hu, 2010; Sima, 2011; Chen, 2013; Liu, 2016). Hence, this pattern of behaviour also decreased the chances for entrepreneurial strategies. Consensus-building between policymakers was evident in Shanghai, where active bargaining between LTC policymakers took place under the cross-departmental coordination mechanism. Shanghai policymakers used the coordination mechanism as the battlefield upon which to reach agreements in LTC policymaking, and the municipal government made the final decision on the issues that remained disputable in parallel bargaining. The Beijing case was negative as the consensus was reached through Beijing HRSS’s backing-off, Beijing HC’s invisibility, and researchers’ withdrawal or submissiveness.

Given patterned behaviours among Chinese policymakers and thus the limited space for entrepreneurial strategies, this study adopted the term ‘key actors’ rather than ‘policy entrepreneurs’ in the original MSA, and key actors should be those with authoritative positions in the political system, allowing them to coordinate independent, loosely connected actors. This emphasis is in line with Kingdon (2011, p. 24) who states that “an authoritative decision-making position” contributes to the successful coupling of the three streams. More importantly, it was determined by the fragmented bureaucracy in China. As reviewed in Chapter 3, one condition of bargaining in the fragmented system was associated with unsolved issues, which require superior actors to coordinate bargaining between independent departments. In this study, the municipal government was the highest authority at the local level, controlling all the relevant veto institutions. Therefore, its involvement in LTC policymaking was decisive for the coupling in the two sites. The Shanghai case showed that the municipal government fulfilled the role of the key actor in LTC policymaking, while Beijing HRSS, as the only actor who attempted to promote LTCL, failed. The contrast confirmed that decision coupling is more likely to be achieved when key actors control the relevant institutions (Zohlnhöfer et al., 2015).

However, this adjustment raises a question: did key actors' institutional power or entrepreneurial strategies promote coupling in LTC policymaking in this study? The emphasis on the authoritative decision-making position confuses the two different types of impacts on policymaking results brought about by institutional power and entrepreneurial strategies, and blurring the boundaries between them makes the concept of the policy entrepreneur lose its significance in MSA. In this study, the Shanghai municipal government was the only key actor who successfully connected three streams and promoted radical policy change in Shanghai. However, the data shows that institutional power through direct instructions, coordination, and changing power relations, rather than entrepreneurial strategies, achieved the coupling. Also, the emphasis on the authoritative position conflicts with the broad definition of policy entrepreneurs in the literature. Consequently, it impeded the investigation of the role of social actors in LTC policymaking. In this study, researchers and professionals in both sites were, at best, participants of LTC policymaking with limited impact. This observation was consistent with the argument that social actors are rarely seen as policy entrepreneurs in Chinese policymaking (Zhu, 2013; Mu, 2018). However, as reviewed in Chapter 3, the trend of pluralistic participation in Chinese policymaking is evident, particularly the rising role of intellectual elites who increasingly make use of their connections with political elites to influence policymaking (Zheng, 2011). This grand trend demands attention to social actors in Chinese policymaking in the future.

9.3 The highly politicised process of LTC policymaking in China

The refined MSA enabled this study to reveal the LTC policymaking process in Beijing and Shanghai, thereby understanding their different policymaking experiences that resulted in different LTC policy responses to national policies. In this way, this study provides original insights into Chinese social policy that overlooked the process of LTC policymaking. Furthermore, the findings on the highly politicised process of LTC policymaking in China respond to the mainstream theories and perspectives of Chinese policymaking reviewed in Chapter 3 and possess significance to LTC policymaking practice in China. They confirmed that local governments were autonomous actors with complex political deliberation in LTC policymaking, who socially and politically constructed the LTC problem, their rationales and solutions and attached different levels of political commitment to LTC. Therefore, this study suggests that the recognition of politics and the attention to specific political processes in LTC policymaking benefit a more inclusive social policymaking in China.

Firstly, this study revealed a highly politicised LTC policymaking process in Beijing and Shanghai, so the findings from this study not only bridged a critical knowledge gap in Chinese social policy but also strongly challenged the assumption of a linear, neutral, and straightforward LTC policymaking process. As reviewed in Chapter 3, Chinese social policy paid limited attention to ageing and LTC policies and especially neglected the LTC policymaking process, assuming a depoliticised process of LTC policymaking that translates LTC needs into LTC policies straightforwardly. However, this study proved that LTC policymaking in China was full of ambiguity and political manipulation (Kingdon, 2011). A striking feature of the LTC policymaking examined in this study was the diversified views on the conceptualisation of, and proposed solutions for, the LTC problem. Even Shanghai showed relative consistency and different voices were evident. Therefore, whichever perspective won

out through agenda setting was highly political. The coupling process showed that politics run through the entire process of LTC policymaking, shaping the problem definition and the discussion and selection of policy options (Blackman et al., 2015).

In this process, imbalanced power in LTC policymaking was a prominent political element, and insufficient participation by civil society and social actors in LTC policymaking underscored the power imbalance between different types of actors. As discussed above, in the problem stream, the presence of political pressure and the absence of public opinion and the mass media in this study confirmed the dominance of the elitism model in China, as reviewed in Chapter 3. LTC policymaking in China was characterised by missing publics, producing ‘internal mobilisation’ efforts to promote policy change embraced by elites (May, 1990; cited by Birkland and Warnement, 2016, p. 96). Hence, policymaking is more likely to be driven by established political actors or the networks among politicians, administrators, and interest groups, rather than by public mobilisation and research (Christenson, 2015; Birkland and Warnement, 2016; Posner, 2016). As the findings established, both Beijing and Shanghai proved that the success of agenda-setting largely depends upon the observation and recognition of the ruling party and the government (Zhang, 2008); in particular, the Beijing case showed that the power of the state and bureaucrats is strong enough to maintain its agenda “against demands from non-state actors” (Wang et al., 2018, p. 453; see also Wang and Hu, 2010;). Even within the state actors, the power imbalance between the three functional departments in Beijing and Shanghai was evident, and the form was also different, which was highly related to the different results of LTC policymaking.

More evidently, the findings on the LTC policymaking approaches and key influencing factors illustrated the extensive involvement of political factors and deliberations in LTC policymaking. As established, Beijing followed the politics-driven policymaking approach highly sensitive to political pressure and political deliberations, and Shanghai followed the issue-focused policymaking approach, which focused more on issues and policy effectiveness. They differed by giving different weight to politics in LTC policymaking. Then, the four influencing factors of LTC policymaking vividly illustrated this political deliberation in dealing with the tension between politics and knowledge in the problem stream, the tension between stability and effectiveness in the policy stream, and the vital role of political will and key political actors in LTC policymaking. As a result of LTC policymaking, different combinations of these factors determined the extent to which LTC needs were translated into LTC policies, confirming that the definition of the legitimate needs for policy intervention is political (Langan, 1998). In this study, Shanghai achieved a higher level of translation in LTC policymaking than Beijing, but the incomplete translation of LTC needs into LTC policies was a prominent flaw of LTC policymaking, shared by both sites.

Secondly, the highly politicised process of LTC policymaking in Beijing and Shanghai stressed specific political processes and issues of social construction in Chinese policymaking. In particular, given the problem orientation in Chinese policymaking, this study contends that defining policy problems was a highly politicised process that deserved more attention from Chinese policymakers. The findings showed that the LTC problem was socially and politically constructed by policymakers rather than discovered. As established in the previous chapters, political pressure, public opinion, evidence, and capacity constraints influenced the LTC

problem constructions, which varied significantly across policymakers and localities, and powerful forces determined their positions on the agendas. More importantly, the Shanghai case revealed a path-shaping process, proving that problem recognition and construction critically influenced policymaking outcomes as “problem definition trajectories influence the construction and winning of alternatives” (Barzelay and Gallego, 2006, p. 253; see also Kingdon, 2011). In the Chinese ageing policy system, a series of ideas have formed the policy path, including the compelling policy problem of home care, the targeted welfare system, and the social care service system. The core of this path was the residual role of the government and social care-based service delivery. Shanghai reversed it through top-down path-shaping and changing the power relations of policymakers (Mahoney, 2000a). Starting with conceptualising a severe LTC problem, the path-shaping process, vigorously promoted by the municipal government, framed the need for institutional reform (Cox, 2001). With the new LTC problem as a societal risk, Shanghai challenged the effectiveness of the existing policy path, turning to a universal and LTC-centric method. Thus, the new path, centred on universal and professional LTC provision, replaced the “old set of perceptions and cognitions” of ageing policy (Hay, 2002, p. 215). Accordingly, Shanghai transformed power relations in LTC policymaking by involving Shanghai DRC, Shanghai HRSS and HC. In contrast, Beijing retained this path by another two self-reinforcing processes: the rational cost–benefit assessments that highlighted political and financial stability; and support from Beijing MOCA as a powerful defender of the status quo (Mahoney, 2000a).

Like the LTC problem and stability, financial capacity as a strong motivation for Chinese policymaking was shaped by local policymakers and subject to change. This view was in line with Kingdon (2011, p. 108) that “some of the budget constraints are perceptual”. In this study, all debates on the two main funding mechanisms and LTC delivery involved financial capacity and sustainability in both sites, confirming that finance is the dominant logic and a major obstacle to a more inclusive social policy at the local level in China (Wang, 2009; Zheng, 2011; Liu et al., 2016; Lin, 2018). Particularly, most Beijing policymakers emphasised the budgetary constraints to a more inclusive definition of inflexible LTC needs for policy intervention and a wide-scope LTCI pilot. However, participants from the central government departments, Beijing, and Shanghai strongly challenged the claims, given Beijing’s high public revenues based on a developed economy. Besides, Beijing gave up the opportunity to enhance its financial capacity for LTCI by reserving 1% health insurance premiums for LTCI (section 6.5). Therefore, Beijing policymakers conceived limited financial capacity for LTC, serving the preference for the status quo. In contrast, Shanghai participants paid much less attention to budget constraints and strived to overcome them to obtain alternative funding sources for LTCI, regardless of political risks.

Furthermore, the findings on diversified perceptions of the LTC problem, stability, and financial capacity, as well as their crucial influences on LTC policymaking, challenged the objectivity, rationality, and decisionism in the literature on Chinese policymaking, which tends to recognise and legitimatise the lack of core values in social policy, as well as inequality caused by fragmented institutions in China (Lin, 2001; Saich, 2006; Yu, 2011; Ngok, 2013). In this way, they provided Chinese policymakers with the possibility to reshape and incorporate core values and overcome institutional obstacles to more inclusive social policy. This study

agrees that the institutional context was important to structure policymakers' behaviour. As discussed in section 9.2, conceptual adjustments to the three streams of MSA stemmed from the features of the Chinese political system and power relations in society, indicating the substantial influence of institutional context on LTC policymaking. However, local policymakers had the potential to transform it by shifting the dominant paradigm (Hay, 2002). Shanghai policymakers removed institutional barriers to more inclusive policymaking through successful path-shaping, while Beijing policymakers remained constrained by them.

Thirdly, the highly politicised LTC policymaking in Beijing and Shanghai confirmed that local governments were autonomous actors with complex deliberations in the implementation of national policies. As discussed above, all five amendments to the original MSA aimed to incorporate the central–local dynamics into the investigation, which highlighted the significant discretionary power of local governments in LTC policymaking. More importantly, different courses of LTC policymaking in Beijing and Shanghai proved that the level of political commitment by the higher authority, and the support of political leaders for legitimacy and resources, considerably influenced policy implementation (Mok and Lau, 2014; Boswell and Rodrigues, 2016), underscoring the critical role of political will in local policy implementation. Rather than an implementation with fidelity, implementing the national strategies of LTC provision initiated a new round of policymaking at the local level, and Beijing and Shanghai made different levels of political commitment to LTC. They interpreted national policies, constructed their rationales and solutions, and thus responded to national policies in a substantially different way, that is, a symbolic implementation and a thorough implementation exceeding the expectations of national policies. Therefore, the Beijing case confirmed that conflicting interests motivated local governments to compromise over state policies, leading to a situation of selective governance (Zhou, 2010; Zeng, 2014; Zhang, 2016), while the Shanghai case proved that a good fit of problems or goals promoted cooperation with central authorities in policy implementation (Boswell and Rodrigues, 2016; Mu, 2018). Both sites proved that in the case of weak national steering on LTC provision, local governments responded to national policies with great discretionary powers.

9.4 The development of LTC provision in China

The LTC provision methods adopted by Beijing and Shanghai were the outcome of LTC policymaking at the local level as well as the implementation of the national strategies of LTC provision in the two sites. The significance of the findings on LTC provision methods lies in two aspects: promoting integral concepts of LTC and understanding the development of Moderate Universalism (MU) in China. This study adopted integral concepts of LTC and LTC provision to examine LTC policymaking, namely, that 'LTC' includes ADL and cognitive impairments, and the term 'LTC provision' refers to funding and delivering LTC. This attempt was beneficial to research on LTC and more inclusive LTC policymaking.

9.4.1 Integral concepts of LTC and LTC provision

A multidimensional concept of LTC is in line with the trend of global population ageing, allowing us to pay attention to cognitive disabilities in LTC policymaking and seek solutions to address LTC issues comprehensively. As reviewed in Chapter 2, cognitive impairment, such as dementia and impairment in IADL, has been on the rise and accounts for a large proportion

of LTC needs (WHO, 2017). This study finds that LTC predominantly referred to ADL impairment in Chinese policy texts. Although cognitive disabilities have drawn attention, conflicting views on what constituted LTC in policy were evident in both sites. Much more than just a lack of knowledge about LTC, varying understandings originated from policymakers' perceptions of government responsibility, namely, to what extent the government is willing to take responsibility for LTC provision. For example, Beijing policymakers tended to take minimal responsibility for LTC provision by only focusing on cognitive disabilities, and Shanghai HC excluded them from UNAS, and thus LTCI insurance benefits, out of concern for capacity constraints. Both cases indicated that local policymakers considered cognitive disabilities to be a separable part of LTC and selectively treated them to suit their own ends. With a large number of older people with dementia and cognitive impairment in China, neglect of or selective attitudes towards them are expected to undermine the effectiveness of any LTC policymaking.

This study adopted the term 'LTC provision', which consisted of funding and service delivery, rather than two separate parts addressed in the literature and policy texts. Fragmented LTC provision stemmed from the divided and outdated LTC policymaking institutions. As mentioned previously, LTC encompassed multiple government departments. Furthermore, as the new policy domain, neither LTC finance nor LTC delivery has become a priority in related government departments. LTC has not been the statutory responsibility of the MOCA system that was the major player in social welfare and service delivery for older people, so the MOCA system lost legitimate grounds and motivation to develop LTC-related welfare benefits and service delivery. For LTCI, policymakers regarded it as a minor part of social insurance that demanded minimal attention (CBS28: senior official, Shanghai HRSS). This divided and limited attention was not compatible with the magnitude of LTC needs and the complexity of LTC provision in China. Therefore, the existing LTC policymaking institutions retained the old style, focusing on social care for special groups of older people, which were incapable of coping with the severe challenges of population ageing in China. This study suggests an integral perspective on LTC that considers funding and delivering LTC as an entity to address LTC issues, thereby demanding highly integrated policy institutions through extensive and profound institutional reforms. Although reforming government institutions is considered the 'deep-water zone' of reform in China, some central and local policymakers began to think integrally by considering LTCI as the key to improving LTC delivery. This view was prominent among Shanghai policymakers, contributing to inclusive and comprehensive LTC policymaking in Shanghai.

9.4.2 LTC provision under Moderate Universalism

The integral concepts enabled this study to investigate the methods of LTC provision as a whole, thereby exploring the trend of LTC provision under Moderate Universalism (MU) in China. Although a surge of policy analysis on LTC is evident in the literature, it focused on individual policies and their effects (Hammond, 2013). Coupled with the fragmented policy institutions, this policy analysis method is incapable of capturing the complete picture of LTC provision and its evolutionary trend. Differently, the adoption of an integral concept of LTC provision and the identification of LTC provision methods in the two sites allowed this study

to understand the LTC provision trend by positioning LTC provision within the development of the social welfare system in China. The literature review shows that social welfare has been undergoing a profound transition towards MU in China (Dou, 2006; Wang, 2009; Dai, 2010; Zheng, 2011; Lin, 2015; Wan, 2016). Advocated by the Chinese government and Chinese researchers, MU refers to a 'moderate or appropriate universal welfare system' compatible with economic development and fiscal capability (Kongshøj, 2015, p. 70). As Chapter 3 reviewed, MU faces challenges both in theory and in practice. The controversial connotation of the approach to MU and a lack of consensus on government responsibility in social welfare provision resulted in ambiguity that gave discretion to local governments to define their role in LTC provision. Different LTC provision methods in Beijing and Shanghai illustrated to what extent each site has transformed into an inclusive system and strongly confirmed these challenges in China.

The core differences in LTC provision methods between Beijing and Shanghai resided in the universal access to, and corresponding government responsibility for, LTC provision. In this regard, Shanghai has transformed from a social assistance-type to a rights protection-type of welfare for older people (Lu and Chen, 2016), while Beijing remained social assistance-centric (Zheng, 2011). As the findings established, Shanghai officially defined universal access to LTC provision by BPS, which was operationalised by the municipal-level LTCI pilot, UNAS, and high-degree integration. In contrast, in Beijing, the Categorisation policy enhanced the targeted approach by prioritising special groups of older people in relation to social welfare security. Then, as the backbone of LTC delivery for older people, integration in the community and home settings also highlighted special groups of older people (Hou et al., 2017), leaving the care of the majority of disabled older persons to the market and family. Besides, in achieving universal access, Shanghai showed a positive attitude towards public spending, which was essential to MU (Wang, 2009; Peng, 2016; Lin, 2017). To obtain a stable funding source, data shows that Shanghai took the political risk of not following the central instruction, instead reserving 1% of health insurance premiums to funding LTCI. In contrast, few data in this study showed that Beijing made efforts to obtain more public funds for LTCI. Facing the tension between needs and fiscal capacity that is common for local policymakers in China, Beijing chose a passive attitude, namely, tailoring LTC needs for policy intervention to fit perceived fiscal capacity (Wang, 2009), which was the opposite of the need-oriented social policy and active attitude to welfare spending that is required by MU.

The significant difference in universal access to LTC provision indicated that the two sites defined government responsibility for LTC provision differently. In China, the targeted approach has been widely challenged as outdated and incompatible with economic development (Dou, 2006; Wang, 2009; Jing, 2010; Zheng, 2011; Peng, 2016; Wan, 2016), and the primary government responsibility is valued as the prerequisite for more inclusive social welfare in China (Wang, 2009; Lin, 2010). However, Beijing has retained the government's residual role in LTC provision by mainly relying on targeted welfare to finance LTC at the expense of more family responsibility and societal risk (Wan, 2016). As a result, Beijing could only provide fewer accessible and professional services for disabled older persons (Li and Li, 2017; Shen, 2018). Differently, Shanghai provided universal access to funding and more

accessible services for older people with LTC. Therefore, the Shanghai method meant greater government responsibility for LTC provision than did the Beijing method.

As to diversified LTC provision, Beijing and Shanghai shared the same type of public–private relationship characterised by underdeveloped LTC insurance and service markets. Data shows that Chinese policymakers commonly agreed on joint responsibility for LTC provision between the state, society, market, and family in China (Wang, 2009; Zheng, 2011; Lin, 2015); however, it has not been established properly in the two sites. Most participants reported that private insurance was not functioning adequately as a meaningful funding mechanism. Then, the use of charity funds as a primary funding source was encouraged, however, it is rare to find its role in reality (Xu, 2017). Regarding LTC delivery, data shows that although both sites attempted to involve multiple forms of services and public and private actors, NGOs, and families, LTC delivery was far from being diversified as envisaged, and both Beijing and Shanghai witnessed biased policies against non-state service providers. Therefore, joint responsibility with a minimal or limited role by civil society and the market indicated that LTC provision mainly relied on public actors. Consequently, neither methods of LTC provision had sufficient service capacity to meet their LTC needs. Data on the deep concern about the severe shortage of LTC delivery among nearly all participants confirmed this point.

9.5 Future research

Given the challenges and limitations of this study and the evolving LTC policy system, room exists for further research on LTC and theoretical development and empirical testing associated with MSA in different policy domains and institutional settings. This study proposes three directions for further research. First and foremost, it is worth carrying on with continuous tracing and investigation on LTC policies in China, thereby raising more attention to LTC policymaking and yielding more systematic explanations. China is confronting the critical challenges of population ageing and the increasing prevalence of disability among older people. As seen in Chapter 5, the LTC provision has drawn attention from the state, and policymakers at the central and local levels have reached a consensus on the national strategies. However, the commitment to the implementation is conditional. Also, the subject of LTC is novel in the literature on ageing and LTC policies, Chinese policymaking, and social welfare development. In particular, LTC policies are in the initial stage, and LTCI and integration policies are still in the experimental stage, meaning potential drastic change and uncertainty in the years to come. This study has made the first efforts to explore the integral concepts of LTC provision, the LTC policymaking process, and LTC provision methods and the trend, which has laid a good foundation. Continuing and longitudinal research on LTC will provide a complete evolution of the LTC policy system from the beginning, furthering our understanding of LTC in China.

Secondly, it is worth further research to improve the applicability of MSA to the Chinese context by addressing the remaining challenges and testing findings in this study against other policy domains in China. Given the limited attention paid to developing theoretical frameworks in the Chinese academic community (Hammond, 2013), original policy analysis theories are rare, and Chinese policy analysis usually draws on Western theories. Therefore, the applicability of imported theories developed from Western democracies to the Chinese

context has always been a challenge in policy analysis. A modification to a theory should meet two criteria of being theoretically and empirically progressive (Houseman, 1984; cited by Green, 2002). To adapt MSA for the Chinese context, this study made a series of adjustments to its core components to incorporate central–local dynamics and imbalanced power. They can be considered theoretically progressive as they were based on the Chinese context and not ad hoc and generated insightful findings. Even so, the remaining challenges of the application of MSA to this study demand further research. Furthermore, this study was only devoted to LTC policymaking in Beijing and Shanghai, and it is unclear to what extent findings on LTC policymaking approaches and main influencing factors are applicable to other policy domains and localities across China. Therefore, testing the results of this study for more policy domains and regions will help improve MSA itself, thereby enhancing the explanatory power of the refined MSA and improving its applicability in other institutional contexts.

Thirdly, it is worth investigating the changing power relations between different types of policymakers and the corresponding impact on Chinese policymaking in the context of pluralistic participation in China. In this study, imbalanced power was an important variable in the political stream and transformed power relations in the policy community significantly influenced the selection of path-departing solutions to LTC provision in Shanghai. Besides, this study revealed a highly politicised process of LTC policymaking, in which voices from disabled older people and social elite participants were prominently weak in both sites. This situation conformed to the current imbalanced power between state and social actors. Given the evident trend of pluralistic participation in Chinese policymaking, the LTC policymaking approaches identified in this study are very likely to be transformed by changing participants and power relations. Therefore, it is valuable to study how power relations change and how these changes shape Chinese LTC policymaking in the long run. In particular, further research in this regard will substantially contribute to addressing the two challenges for the application of MSA in China that are identified in this study, that is, the role of public opinion and the concept of policy entrepreneurs, both of which involve imbalanced power.

9.6 Chapter summary

By applying MSA to explore the LTC policymaking process, this study extended the applicability of MSA to the Chinese context. Through incorporating elements specific to the Chinese political system in LTC policymaking, this study re-established the three streams by multiple conceptual refinements, thereby explaining the different experiences of LTC policymaking in Beijing and Shanghai. Given the politically centralised, financially decentralised, and functionally fragmented system and imbalanced power in China, refinements incorporated 'political pressure' into the problem stream, 'stability' and 'policy responsiveness' into the policy stream, and 'political will' and 'power relations' into the politics stream, highlighting central–local dynamics and imbalanced power in the Chinese context. Therefore, the refined MSA provided an inclusive framework for analysing local policy responses to higher authorities under ambiguity.

This study has used refined MSA as a whole to reveal a highly politicised process of LTC policymaking in China, contributing to the existing literature on Chinese social policy and policymaking. The findings on highly politicised LTC policymaking in China filled in a critical

knowledge gap in social policy that neglected the LTC policymaking process. Accordingly, they highlighted specific political processes, such as the social construction of motivations in Chinese policymaking, including the LTC problem, stability and financial capacity, which are considered objective in the literature. In particular, a path-shaping process, starting with the construction of the LTC problem, overturned the course of LTC policymaking in Shanghai, challenging the objectivity, rationality, and decisionism in existing Chinese literature and thus providing Chinese policymakers with the possibility to overcome institutional obstacles and work towards more inclusive social policymaking. In the end, the findings on the highly politicised LTC policymaking in Beijing and Shanghai firmly proved that local governments were autonomous actors with political deliberation, who turned the implementation of national policies into a new round of policymaking in local contexts. Through different courses of LTC policymaking, Beijing and Shanghai made vastly different policy responses to the national strategies of LTC provision, depending on their perceptions of the context.

By examining the implementation of the national strategies of LTC provision in Beijing and Shanghai, this study considerably enriched the literature on LTC provision and welfare development in China. Departing from the existing literature that focused on individual LTC policies, this study adopted integral concepts of LTC and LTC provision, enabling it to explore LTC provision as an entity, and therefore examine its developmental trend by positioning different LTC provision methods under Moderate Universalism in China. Although being advocated for more than a decade by the Chinese government and researchers, it is the first attempt to examine this new welfare model in a specific policy domain. This study contends that Shanghai has achieved more inclusive LTC provision than Beijing in terms of universal access, primary government responsibility, and a positive attitude to social spending. However, given the minimal role of civil society and the market in LTC provision, both sites faced the challenge of diversified LTC provision and thus insufficient capacity.

So far, the refined MSA has provided a simplified, interactive, and relative method to conceptualise the LTC policymaking process in Beijing and Shanghai, explaining their different experiences of LTC policymaking. Despite the high applicability of MSA and insightful findings, this study confronted challenges for the application of MSA and methodological limitations, therefore providing space for future research and analytical refinement in three aspects. They include advocating for continuing and longitudinal research on LTC policymaking, improving the applicability of MSA to the Chinese context by testing findings in this study against other policy domains and localities in China, and paying close attention to changing power relations and their long-term influences on Chinese LTC policymaking.

Chapter 10. Conclusion

This Conclusion presents an overview of the key findings and main arguments in relation to the research question and objectives. It also illustrates how this thesis achieves all five objectives step by step, thereby adding value to knowledge on LTC and policymaking in China. Finally, the chapter includes a reflection on the original contributions of this study.

10.1 Overview of the research findings

This study was positioned in the context of population ageing globally and in China. It has considered the global challenge of population ageing facing the world, which was particularly severe in China with its large population size, rapid population ageing, and increasing prevalence of disability among the ageing population. However, affordable and accessible LTC provision is highly problematic. Although national policies have been in place, local governments responded differently, deviating either from national policies or identified LTC needs. Therefore, the question that required addressing was, why do different LTC policy responses occur across local governments in China despite having the same national policies and similar structural factors? This study sought to address this question by exploring the LTC policymaking process in two local areas.

Within the context, this thesis laid the conceptual foundation through an extensive literature review on ageing and LTC policies and dominant policymaking models and perspectives in China. The review established that mainstream literature on LTC and Chinese policymaking is not suitable for understanding LTC policymaking that was examined in this study. Ageing and LTC policy analysis focuses on demographic changes, identifying and measuring LTC needs, and individual LTC policies and their effects, implying a neutral process from LTC need to LTC policies. Thus, this thesis turned to the broader literature on Chinese policymaking; however, it focused on leadership power, institutions, and rationality, advocating single factor decisionism. Combined with their inherent weaknesses and the changing context in China, none of these influential theoretical models and perspectives of Chinese policymaking was able to address the question above.

Knowledge gaps in LTC and Chinese policymaking highlighted the need for new perspectives or theories. Following the interpretive turn in social sciences, this thesis sought to employ MSA that incorporates actors, institutions, and ideas in order to understand different experiences of LTC policymaking in Beijing and Shanghai. From the perspectives of socially constructed reality and the interaction of multiple factors in policymaking, this study addressed how policymakers conceived national policies, and how local policymakers implemented them based on their perceptions of local contexts. To answer the research question, this study conducted semi-structured interviews with different types of policymakers who had participated in formulating some LTC policies either at the state level or within Beijing or Shanghai. This method set out to generate first-hand data on insider views on the LTC policymaking process in China. Therefore, the interviews focused on policymakers' perceptions of national strategies for LTC provision, conceptualisations of the LTC problem,

views on potential solutions to financing and delivering LTC, and the key political factors that influenced the policymaking process.

The first key research finding (set out in Chapter 5) revealed the state's ongoing LTC provision strategies, referring to the increasing attention and conditional commitment to LTC. A series of central instructions on LTC from the highest authorities in the political, legislative, and administrative systems gradually shaped the national strategies for LTC provision. They included a combined funding mechanism for LTC consisting of social welfare, social insurance, and private insurance, and health–social care integration in the existing service system for the ageing population. However, a lack of policy clarity and follow-up action challenged the state's commitment to LTC provision, and national strategies of LTC provision were subject to extensive debates at the central level. Controversial and even conflicting opinions showed confusion over the national strategies and their implementation among state policymakers, indicating that the central government has not yet finalised a feasible solution to financing and delivering LTC. Furthermore, weak national steering left the implementation of national strategies in a *laissez-faire* state.

The second and third findings presented a complex LTC policymaking process in Beijing and Shanghai (Chapters 6 and 7). The thematic analysis found a highly divided and unfavourable policy community for LTC policymaking in Beijing, characterised by the competing and even conflicting LTC problem definitions and views on proposed solutions to LTC provision, and unconducive political context. In contrast, Shanghai demonstrated a relatively unified policy community. To a certain degree, Shanghai policymakers achieved consensus on the core issues of implementing national strategies of LTC provision. Different voices existed; however, they did not change the landscape that was conducive to LTC policymaking.

Then, by applying Kingdon's (2011) MSA to analyse the sequence of coupling problems, policies, and politics and their relative importance in the coupling, this study determined LTC policy approaches in Beijing and Shanghai (Chapter 8). In Beijing, political deliberations were the driving force of LTC policymaking. This politics-driven policymaking approach was sensitive to political pressure either from outside or inside the political system and stuck to bottom-line thinking, that is, maintaining political and financial stability. Therefore, it was responsive and risk-averse. Differently, in Shanghai, LTC policymaking followed the issue-focused approach. The compelling problem motivated LTC policymaking throughout the government system and guided the discussion and selection of proposed solutions that prioritised policy effectiveness. Therefore, the Shanghai approach was evidence-informed and proactive, allowing knowledge to play a meaningful role in LTC policymaking.

Further, through a cross-case comparison between Beijing and Shanghai, this study identified four key factors that affected Chinese LTC policymaking (Chapter 8). From the perspective of each stream and coupling, the four factors included the tension between politics and knowledge in the problem stream, the tension between stability and effectiveness in the policy stream, strong or weak political will in the politics stream, and the presence or absence of the key actors in the coupling. The combination of different methods of dealing with these four factors explained different experiences of LTC policymaking in the two case study sites. In Beijing, the attention to politics and stability, a weak political will, and the absence of key

actors resulted in a weak coupling that produced path-dependent solutions to LTC provision. Differently, in Shanghai, the emphasis on knowledge and policy effectiveness, a strong political will, and the presence of the municipal government as the key actor brought about an active and sufficient coupling and thus path-departing solutions.

10.2 *Original contributions of the thesis*

The thesis makes an original contribution to knowledge in five key areas. Firstly, this study adopted integral concepts of LTC and LTC provision, thereby demonstrating the significance of an integral view to LTC policymaking and research. In the course of addressing the research question, this study identified a striking lack of knowledge about LTC evidenced by ambiguous definitions and the random use of key terms related to LTC among policymakers. This study employed an integral perspective, viewing LTC as applicable to both ADL and IADL impairment as well as LTC provision that combines LTC finance and service delivery. A multidimensional concept of LTC conforms to the trend of global population ageing, which highlights both ADL and IADL impairments among older people. Furthermore, it draws attention to cognitive disabilities in LTC policymaking. With a large number of older people with dementia and cognitive impairment in China, neglect of or selective attitudes towards this group of people is projected to undermine the effectiveness of any LTC policymaking.

Likely, LTC policymaking should consider funding and service delivery as an integral policy solution to LTC issues rather than two separate parts addressed by divided policy institutions. The current LTC policy analysis that focuses on individual LTC policies and their effects fails to capture the full image of LTC provision and its evolution trends in China. Benefiting from an integral concept of LTC provision, this study conducted a complete investigation of the national strategies of LTC provision and their implementation in Beijing and Shanghai. Furthermore, the identification of LTC provision methods in the two sites allowed this study to understand the trend of LTC provision by positioning LTC provision within the new social welfare model in China, namely, Moderate Universalism. More importantly, the trend of LTC provision in the two most developed localities in China shed light on the transition to a more inclusive social welfare system.

Secondly, applying MSA completely to this study through extensive modifications rather than just borrowing individual key concepts proved its significant flexibility to analytical synthesis and thus the applicability in the Chinese context. MSA was developed from the American presidential system and widely applied in Western democracies. This study tested the extent to which MSA, as the dominant model of the policy process, is relevant to China's political system and local context. As reviewed in Chapter 3, ambiguity is the analytical starting point of MSA, allowing political manipulation to play a role in policymaking. Despite a fragmented authoritarian system and a consensus-building behaviour pattern in China, both of which differentiate from the original MSA, ambiguity was evident in LTC policymaking, which originated from the issue complexity and encompassed jurisdictional and departmental boundaries. Then, as another analytical assumption, the independence of the three streams was clear in Beijing and Shanghai as analysed in Chapters 7 and 8. Importantly, MSA allowed this study to examine interactions between the three streams to identify the sequence of coupling the three streams and their relative importance, thereby determining different LTC

polycymaking approaches in the two sites. Then, a comparison of Beijing and Shanghai by the three streams and their interactions identified the key influencing factors of LTC polycymaking. It is worth noting that a set of theoretical modifications incorporated the complex central–local relationships and imbalanced power into the investigation, thereby allowing MSA to understand the LTC polycymaking process in this study. Thus, this study provided a more inclusive framework to analyse local polycymaking in the Chinese context and strengthened MSA’s analytical power across institutional settings. The thesis, therefore, takes forward MSA based upon this unique study undertaken in China.

Thirdly, following the above point, this study enriched the literature on Chinese social policy by conducting a more systematic analysis of LTC polycymaking in Beijing and Shanghai. This thesis is the first attempt to reveal the LTC polycymaking process, including the specific processes and their different interactions in the two sites. Thus, this study provided original insights into Chinese social policy that overlooks the process of LTC polycymaking. Furthermore, the findings on a highly politicised process of LTC polycymaking in China challenged the assumption in the literature on ageing and LTC policies, that is, that LTC polycymaking is neutral from objective LTC needs to LTC policies. This study illustrated how diversified views on problems and policies, and imbalanced power between different types of policymakers, constituted striking political factors in Chinese LTC polycymaking. Each specific process of LTC polycymaking involved choices, political deliberation and power. Therefore, the findings drew attention to these political processes and the prominent flaw of LTC polycymaking, that is, the incomplete translation of LTC needs into LTC policies.

Fourthly, to a certain degree, this study diversified the literature on Chinese polycymaking by examining the role of ideas in LTC polycymaking through MSA. Thus, it made a strong case for systematic investigation into the role of ideas in Chinese LTC polycymaking, bridging the gap in ideational–material dynamics in Chinese policy analysis. As reviewed in Chapter 3, the interpretive turn of policy analysis in China is weak, meaning a rare application of ideas as an analytical factor in policy analysis. MSA allowed this study to examine three forms of ideas and specify their influence on the results of LTC polycymaking at each site, including LTC problem definitions, concrete solutions to LTC provision, and the core beliefs behind them, such as multi-dimensional stability and effectiveness. The case in point was the successful path-shaping in Shanghai, showing how the new construction of the LTC problem challenged the old policy path of LTC provision and thus changed the course of LTC polycymaking, and stability and policy effectiveness as the core belief respectively in Beijing and Shanghai substantially influenced the selection of the methods of LTC provision in the two sites. More importantly, this study challenged the mainstream literature on Chinese polycymaking that focuses on power, institutions, and rationality. It showed that the major preferences examined in the existing literature on Chinese polycymaking, including policy problems, stability, and budget and financial capacity, were socially and politically constructed, and that local policymakers were highly divided on the perceptions of them in LTC polycymaking.

Fifthly, the findings from this study hold significance to polycymaking practice and LTC provision. This study aimed to improve polycymaking practices, thereby achieving more inclusive LTC provision and improving the well-being of disabled older people and their

families. Ultimately, the policy implications of the findings elaborated in the thesis are to serve more inclusive LTC policymaking and LTC provision in China. By looking at the LTC policymaking process and LTC policymaking approaches, recognising politics and working on the specific political processes can achieve this goal. This study revealed multiple subprocesses that provided accurate knowledge for policymakers to employ in order to achieve more inclusive LTC policymaking. For example, in Beijing, political pressure either from the public, the municipal government, or the central government can change the course of LTC policymaking due to its politics-driven policymaking approach. For both sites, more effective use of knowledge checked and balanced political manipulation in LTC policymaking, thereby promoting the more inclusive translation of LTC needs into LTC policies. In particular, given the problem orientation in politics in China, problem construction as a highly politicised process deserves more attention from policymakers. By looking at ideational analysis, core beliefs, such as equity, equality, and effectiveness, rather than political and financial stability, can promote more inclusive policy solutions. Furthermore, socially constructed rationales and their critical influences provided the Chinese policymakers with the possibility to overcome institutional obstacles to achieve more inclusive LTC policymaking. Looking at the LTC provision methods, universal access and more government responsibility helped LTC provision to move towards Moderate Universalism.

The above original contributions revealed ambiguity and politics and the complex interactions of multiple factors in LTC policymaking, leading to vastly different LTC policy responses in China. Rather than challenge or deny previous research and other theories or perspectives, this study sought to explore a new approach to the understanding of the policy process, examining the extent to which MSA is relevant to Chinese policymaking and how it might be refined in conceptual terms to better fit the Chinese context. Furthermore, this study has laid the foundations for continuing research on this novel topic, which helps us better understand the highly politicised policymaking process and to act strategically for better policymaking practices.

In conclusion, coping with the global challenge of population ageing in China hinges on accessible and affordable LTC provision. Given the rapid increase in population ageing and rising costs of LTC worldwide, LTC provision will undoubtedly become a focal point of social policy in China in the years to come. As the LTC policy system is still evolving, China has the latecomer advantage of establishing a more inclusive system of LTC provision from the outset. This thesis has shown that multiple factors encompassing actors, institutions, and ideas have interacted with each other, thereby determining LTC policymaking results. In this highly politicised process, policymakers have opportunities to change the course of LTC policymaking towards a more inclusive translation of LTC needs into LTC policies. This thesis hopes to offer novel and accurate knowledge on LTC to policymakers and policy analysts, and more importantly, to inspire serious discussions or reflections on LTC policymaking practice. Eventually, both the research and policymaking practice will benefit over 40 million disabled older people and their families.

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<p style="text-align: center;">EIRA PG</p> <p style="text-align: center;">Ethical approval form for</p> <p style="text-align: center;">MRES - PG TAUGHT –</p> <p style="text-align: center;">And PGR STUDENTS with exception of ESRC Funded students (*)</p> <p style="text-align: center;">Department of Social and Policy Sciences</p> <p style="text-align: center;">2016-2017</p>

INFORMATION AND INSTRUCTIONS

This FORM must be completed by **all PG students**. The form aims to help us reflect carefully about the ethics of our research projects. It further commits us to incorporate ethical practice within our research design particularly with regards to informed consent, deception, confidentiality and accuracy. The underlying principle is that without considering these guidelines, the standard as well as the quality of our research will be undermined. This is an internal procedure and the University is not directly involved in the scrutiny of students' research ethics. However, we follow the University of Bath guidelines on research Integrity and Ethics. See <http://www.bath.ac.uk/research/governance/ethics/> and <http://www.bath.ac.uk/about/values/ethics/index.html>

(*) ESRC Funded students please use the EIRA1 form (word format)

1. You must complete this form if you are writing your...

...MSc DISSERTATION

...Any of the MRES projects (Short Research Apprenticeship Project, the Long Apprenticeship Project and the MRES dissertation)

...PhD (except ESRC funded): You are required to submit the signed off ethics approval form along with the other documentation required for the confirmation of PhD status.

2. You should pass an **electronic copy of your completed ethics form** to your lead supervisor for discussion before submitting a final copy to him/her. Once the form is ready and signed by you both, you should pass the form to the DREO for her approval. You should **e-mail her** the form directly (**Please do not leave a hard copy in her pigeonhole**). Once her approval has been obtained, you should submit the form to the appropriate PGR administrator for your file (electronically with an email trail with each level of approval recorded).

3. If your research involves **another body or association** (NHS, local charity, co-operatives and so forth) where ethical approval has to be granted, please attach appropriate evidence.

4. You must not start your fieldwork (if you are doing **fieldwork**) before receiving research ethical approval.

5. In completing the form, you are encouraged to consult one of the following **guidelines** conforming to your discipline (in addition to the University of Bath as per above)

ESRC Research Ethics Framework. <http://www.esrc.ac.uk/ref>

Association of Social Anthropologists of the UK and the Commonwealth. 1999.
<http://les1.man.ac.uk/asa/Ethics/Ethical%20Guidelines.pdf>

British Psychological Society. 2000. <http://www.bps.org.uk/documents/Code.pdf>

British Sociological Association. 2002.
http://www.britisoc.co.uk/bsaweb.php?link_id=14&area=item1

National Committee for Research Ethics in the Social Sciences and the Humanities. 2001.
<http://www.etikkom.no/Etikkom/Engelsk/Publications/NESHguide>

Social Research Association. 2002. <http://www.the-sra.org.uk/index2.htm>

British Educational Research Association <http://www.bera.ac.uk/publications/pdfs/ETHICA1.PDF>

STUDENT AND PROJECT DETAILS

1. Name(s) of researcher(s): Chunhua Chen

2. Degree: PhD

3. Title of your research project: Policymaking for Long-term Care Provision for Older Disabled People in China—A Comparative Study of Beijing and Shanghai Municipality

4. Type of research (e.g. PhD thesis, MSc dissertation, SRAP, LRAP, etc.): PhD thesis

5. Supervisor/s: Louise Brown and Rana Jawad

CHECKLIST (Please tick as appropriate)		
Issue	Noted	Not applicable
A justification for the research	✓	
Avoidance of deception, presentation of purpose of study	✓	
Arrangements for debriefing, including access to support	✓	
Obtaining consent, including right to withdraw	✓	

Avoidance of distress or threats to self-esteem	✓	
Privacy and confidentiality	✓	
Special circumstances (e.g. respondents who cannot give consent, children under 16, unusual issues around privacy)	✓	
Additional general ethical issues		✓

SUMMARY AND CLARIFICATION OF HEADINGS

-Please, summarise below the research proposal (including full referencing, if cited) followed by a series of headings from the Ethics Checklist (as per above) that have been ticked as noted, each heading being followed by a brief paragraph on how any issues have been addressed.

-Guiding questions on each topic:

Part I: A justification for the research Summary from transfer report

1. Background

With an ageing population of more than 220 million and with more than 40 million disabled older people, provision of long term care (LTC) for disabled older people has become one of the most critical social issues facing governments (Dai, 2015; Du and Wu, 2006; Jing and Li, 2014; Lin, 2015; Ni et al, 2010; Yin and Lu, 2007; Zeng, 2001). By active policymaking, great endeavours have been made by the Chinese government to increase LTC service provision and enhance income security for older people with LTC needs. However, accessible and affordable LTC remains one of the biggest challenges and increased government responsibility is expected to improve LTC provision. However, the response by local government, at different levels and in different regions has varied considerably. In particular, policy responses have not been consistent with identified LTC needs and fiscal capability across local areas. This contradiction is best illustrated within Beijing and Shanghai, the top two municipalities in China that have similar ageing and disability challenges, economic development and thus fiscal capability. Therefore, this research aims to examine why different and contradictory policy responses have occurred in Beijing and Shanghai despite great similarities in material factors.

The literature review first identifies the absence of analysis on ageing policymaking process in China and thus policymaking in relation to LTC provision for older people is falsely treated as neutral, going straight from LTC needs to universal LTC provision (Du and li, 2006; Du and Wu, 2006; Gu and Zeng, 2006; Wang et al, 2004; Yin and Lu, 2007; Zeng, 2001; Zhang and Hu, 2016), which is not the case in China (Colombo et al., 2011; Im and Meng, 2016; Langan, 1998; Li, 2014; Ma, 2012; MoK and Lau, 2014; Ngok, 2013; Zheng, 2010). Further literature review discovers the gap in systematic ideational analysis on social policymaking in China, while non-ideational analysis, such as that of interests and institutions, has been proved incapable of answering the research question (Béland, 2010; Berman, 2013; Lin, 2001; Ngok, 2013; Saich, 2001).

Employing an ideational analysis approach, this comparative study on Beijing and Shanghai will use data on perceptions and insider views on LTC service and LTC finance, revealing the LTC policymaking process and power relations behind policy outcomes. This study intends to discover the relationships between specific ideational factors, such as problem definitions and philosophical ideas, and particularly LTC policy outcomes, by exploring the mechanism of transformation from ideas to policy outcomes. Since Beijing and Shanghai are examined, the study goes one step further in exploring the broader implications of social policymaking for the ageing population throughout the rest of China.

2. Research questions

- 1) How have ageing and disability among older people and corresponding LTC service and LTC finance been conceptualized as social problems in need of policy intervention in China?
- 2) How have central directives on LTC service and LTC finance being operationalised in Beijing and Shanghai?
 - a. What are the ideational factors of policy changes in LTC service and LTC finance in Beijing and Shanghai?
 - b. How have ideational factors influenced policymaking for LTC service and LTC finance in Beijing and Shanghai?
 - c. How have ideational factors interacted with non-ideational factors in policymaking for LTC service and LTC finance in Beijing and Shanghai?
- 3) What are the implications both for service recipients' wellbeing in Beijing and Shanghai and social policymaking in China through an ideational approach?

3. Methods

From an ideational approach, policymaking is viewed as the process of struggle among different policy meanings, and policy documents are the result of struggle (Taylor, 1997). Thus, data sources include first-hand interviews and second-hand sources from policy documents, academic research literature, to grey reports from the governments and other relevant participants, and data will be generated through the complementary use of documentary analysis throughout the project and semi-structured interviews completed in fieldwork. In particular, from an ethical consideration, participants' perceptions can be fairly and fully represented through face-to-face interviews (Mason, 2002), which have the propensity to be informal and thus facilitate both sides in generating deep and meaningful data on the ideational process and the context of policymaking.

A purposive sampling strategy will be adopted, based on the research approach and research questions (Waller, Farquharson and Dempsey, 2016). Thus, the core criterion for sampling is the involvement in LTC policymaking in Beijing and Shanghai. In terms of the relevance, three types of participants are identified: (i) officials from three governmental departments relating to LTC policymaking; (ii) think-tanks/experts; and (iii) key LTC service providers in each area, who constitute the sample frame. When conducting the interviews, the first type of participant will be selected according to the job title in three governmental departments in Beijing and Shanghai respectively; the second and third types of participants, comprising a limited number of organizations and individuals due to the closed and stable nature of policy consulting, will be recommended by the government officials. Therefore, the sample size is estimated to be around 30 in total.

All textual data from policy documents will be extracted and converted into relational data; all interviews will be conducted, recorded and transcribed in Chinese by the researcher and the transcripts will be translated into English by professionals. Then all qualitative data will be organized and analysed by NVivo Plus, through which the material will be coded to analyse the ideational processes and identify relationships between specific ideational variables and policy outcomes in relation to LTC service and LTC finance in Beijing and Shanghai.

4. Fieldwork plan

A seven-month fieldwork is planned to finish 30 interviews in two municipalities in China from April to October 2018 (see Table 1). After finishing interviews and transcriptions by following methods stated as above, data and relevant documents will be double-checked in the final stage to ensure fieldwork follows DMP and relevant regulations. In the end of fieldwork, all procedural documents will be complete, and data will be ready for in-putting NVivo Plus for further analysis.

Table 1 Plan for fieldwork in China

Location	Time length	Main activities/objectives
	One month	Catch up the current situation

Beijing Municipality		Contact with potential interviewees Contact with other sources for back-up Improve interview questions Find professionals for translating transcripts
	One month	Conduct fifteen interviews Follow-up interviews
	One month	Finish transcription in Chinese
Shanghai Municipality	One month	Catch up the current situation Contact with potential interviewees Contact with other sources for back-up Improve interview questions Translating transcripts (Beijing) into English
	One month	Conduct fifteen interviews Follow-up interviews
	One and half months	Finish transcription Translating transcripts (Shanghai) into English
Both areas	Half month	Check-up data and documents generated in fieldwork Make-up if anything missing
Total	Seven months	

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Part II: Ethics Checklist

1. Avoidance of deception, presentation of purpose of study

Deception: How will you present the purpose of your research?

I will present the purpose of my research honestly before starting my interview. However, considering the real situation in China where government officials are cautious about formal interview, I will try to make it as relaxed as possible and provide re-assurance that they only need divulge information

they are happy to and how I will manage and re-present the information I receive. To facilitate this process, I will prepare a short information sheet in the Chinese language about my research and submit this beforehand to potential interviewees. I will respect all government protocols for gaining access for my research and conducting interviews. My work is to be undertaken following the Social Research Association (SRA) Ethical guidelines:

<http://the-sra.org.uk/wp-content/uploads/ethics03.pdf>

2. Avoidance of distress or threats to self-esteem

Do you foresee any problems including presenting yourself as the researcher? In what ways might your research cause harm (physical or psychological distress or discomfort) to yourself or others? What will you do to minimise this?

As my interview will generate data about the policymaking process which requires in-depth conversation, this may cause discomfort for certain participants, such as government officials. The research is politically sensitive, and I need to be aware of this and plan for this in the following ways:

- I shall prepare interview questions with great cautiousness. The interview schedule may need to be adapted depending upon who I am interviewing.
- If requested, I will share the interview topic and questions beforehand with the interviewees so that they know what to expect during the interviews and we can better address potentially sensitive topics.
- Before the interview, the participants will be informed that they have the right to refuse to answer any questions or stop or suspend the interview at any time.
- In the process of interview, if I consider the participant is looking uncomfortable, I will adjust the questions being asked.

With regard to myself as the researcher. I shall consider all possible situations in my research from a security point of view. When travelling in Beijing and Shanghai I will follow the travel guide and take my security as the first priority. I will be travelling on the University insurance policy and will ensure that either my family or supervisors know exactly where I am on certain dates. When I travel to Shanghai, I will inform my family of my whereabouts and accommodation address there. I will also provide my PhD supervisors with a forwarding phone number for myself while I am in China and will be in touch with them on a regular basis.

3. Obtaining consent, including right to withdraw

Consent: Who are the main participants in your research (interviewees, respondents, raconteurs and so forth)? How will you find and contact these participants? How will you obtain consent? From whom?

As my research is about policymaking, government officials will be the first group of participants I contact. Stakeholders who work within and represent Think-tanks, research institutes/universities and service providers who participate in policymaking or can comment upon it are the second and the third groups of participants.

The first group of participants will be selected by purposive sampling according to the title, (deputy) directors who are in charge of LTC policymaking in Beijing/Shanghai MOCA, NHFPC and HRSS. The second and the third groups of participants will be selected based on government officials' references because they can identify those who are actually involved in the policymaking process.

This project is based on my previous professional experience in researching ageing policy in China and my work experience in the Ministry of Civil Affairs of China (China MOCA) and China Philanthropy Research Institute (CPRI), I have established relationships with the government and

key researchers in ageing policy making and LTC service providers. Informal approval has already been gained from CPRI to assist in contacting and recruiting participants. I will contact participants through their preferred mode of contact (visit, telephone or email).

For those participants who agree to interview I shall ask to sign a consent form before the interview begins. For those who cannot provide consent in writing or feel that they do not wish to do so (this is not unusual in China) form, oral consent will be obtained from the participants before the interview and I will sign on their behalf.

4. Privacy and confidentiality

Privacy and Confidentiality: *What measures are in place to safeguard the identity of participants and locations?*

First, participants and locations will be anonymized by letters in the data collection process. Confidentiality and anonymity will be ensured. Data from the interview will be only accessed by the researcher and two supervisors. In cases where public officials might be easily identifiable because their position is a senior one and highly specialised one, I will only refer to them in a very generic way in my thesis, such as a “senior policy official”. Considering this research is potentially sensitive politically, I will take further steps to address any challenge arising in the process of research. I will seek suggestions from my supervisors in time when the situation is beyond my knowledge and experiences.

Accuracy: *How will you record information faithfully and accurately? At what stages of your research, and in what ways will participants be involved?*

Interviews will be recorded by a digital audio recorder (subject to permission of the interviewee), then transcribed into text in Chinese and then translated into English by professionals. Recording will start from the beginning to the end of the interview. In the fieldwork, participants will be involved in the interview. When I finish my thesis, I’ll share research findings by email with those who agree to receive feedback.

5. Arrangements for debriefing, including access to support

Debriefing: *Have you considered how to share your findings with participants and how to thank them for their participation?*

At the end of each interview, I will ask each participant if they wish to receive any feedback after interview, such as research findings. If they request this, I will share my findings with them through providing a short report summarising my thesis. Before finishing the interview, I will express my gratitude for their time to share valuable information. A small gift with the logo of University of Bath for each participant will be considered.

Additional Information and any other relevant information: *Have you approached any other body or organisation for permission to conduct this research?*

I will contact CPRI in the process of research, but no permission is required from CPRI.

DECLARATION
STUDENT TO COMPLETE

Student name (please print): Chunhua Chen

E-mail address: cc2168@bath.ac.uk

Tel: 

Programme: Social & Policy Sciences

Department of Social & Policy Sciences

I hereby confirm that this document represents an accurate record of my proposed research.

Student's signature:



Date: 18.01.18

STAFF MEMBERS TO COMPLETE

You must show your supervisor your completed ethics form and obtain their agreement (evidenced through their signature below) that your proposal is of an appropriate academic standard to be forwarded to the DREO. Once your supervisor has signed off the ethics form, it should be passed to the DREO for her approval.

SUPERVISOR

I hereby confirm that this proposal is of an appropriate academic standard to be forwarded to the Departmental Ethics Research Officer

Supervisor name: Dr Louise Brown



Supervisor signature:

Date: 18.1.18

RESEARCH ETHICS OFFICER

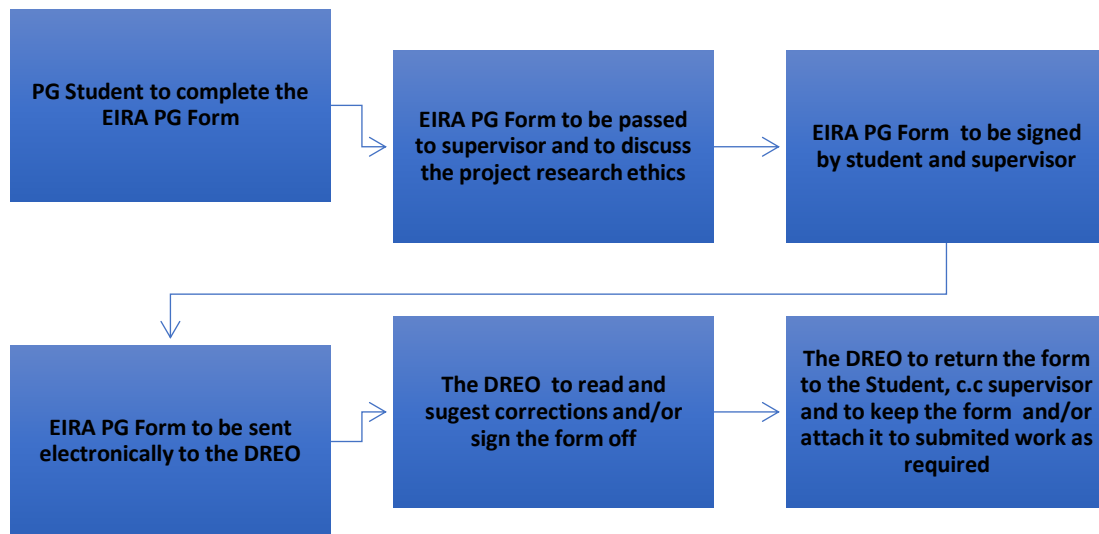
I hereby confirm that this proposal is of an appropriate academic standard and is approved.

Ethics Officer name:

Ethics Officer signature:

Date:

FLOWCHART



DREO: Department Research Ethics Officer

A.C. Dinerstein

DREO

21/4/16

Appendix 2 Interview schedule

STAGE 1: Introduction and informed consent

I'm a visiting researcher at the China Philanthropy Research Institute of Beijing Normal University (CPRI) and a PhD student in social policy at the University of Bath of the UK. My research is about the implementation of national LTC policies in local areas, aiming to understand why different LTC policy responses occurred in Beijing and Shanghai. Therefore, I need to interview direct participants in this process in China/Beijing/Shanghai. That is why I arranged this interview with you. Before commencing the interview, I would like to clarify four rules by the procedure.

Firstly, the interview will be recorded using a mobile phone (and a recorder) as you see on the table. The anonymity of the participants will be strictly protected. You will be assigned a code consisting of letters and numbers, which will be used throughout the process of transcription, the data analysis, and the presentation of findings.

Secondly, no one except the researcher can access the audio and transcripts. The data will be stored securely on the university's hard drive until the completion of the PhD, and then it will be destroyed. They are for research purposes only.

Thirdly, the interview does not seek the right or good answer but your views. Please discuss issues you are willing and feel comfortable to share based on your thoughts, feelings, and experience.

Fourthly, if you wish to stop the interview or withdraw your consent at any point, your decision will be fully respected.

Thanks for your consent with this recorded interview and the use of data in my research. If you have any question after the interview, please feel free to contact me.

STAGE 2: Interview conversation

Informational questions: Policy development and key initiatives after 2006/2013

- Since 2006, especially since 2013, what important policy changes related to population ageing and LTC do you want to list?
- Since 2006, especially since 2013, what major policy initiatives related to LTC have been introduced in China/Beijing/Shanghai? Could you list some you are familiar with?
- How do you feel about these policies or policy changes? What impacts have these key policies had on LTC provision in China/Beijing/Shanghai?
- What do you think about the recent institutional reforms in China MOCA, China NHC, and China HRSS?
- How do you feel about the recent cancellation of the vocational certification for care workers? What impact has it had on the development of LTC provision in China/Beijing/Shanghai?

Reflective questions: Core issues and critical tension points of LTC policies and practices

- What is your knowledge of LTC? How would you define LTC, such as the relationship between LTC and ADL/IADL?
- Are LTC policies different from other ageing policies? In what way?
- How do you consider the LTC issues? Is it a policy/social problem in China? Is it the BPS or public service industry? Why?
- How do you consider the relationship between LTC, health-social care integration, and ageing policies? What is the position of LTC in the ageing policy system in China/Beijing/Shanghai?
- Could you explain your main thoughts about LTC provision in China/Beijing/Shanghai?
- What is the current LTC policies and LTC provision in China/Beijing/Shanghai? What is the difference between your ideal system and the current system? How could LTC provision be improved in China/Beijing/Shanghai?

- How do you view LTC needs, such as type and scale? How do we measure LTC needs in an aggregate term?

- What is your knowledge about LTCI, such as its concept, implementation, experimentation, and relationship with LTC? What is the relationship between social welfare benefits and LTCI?
- How do you address funding issues? How do you think about the solutions?
- What coverage do you think is reasonable for LTCI? There are some ideas, such as starting with older people with severe disabilities, or from medium and severe disabilities, or including IADL, or urban or rural area. Why?
- There are debates about the fairness of LTCI, for example, whether LTCI or welfare benefits are fair to people. What is your opinion on the debate?

- What is your knowledge of the health-social integration policy, such as its concept, implementation and problems, experimentation, and relationship with LTC?
- How do you evaluate the integration in China/Beijing/Shanghai? How could it be improved?
- Could you list some specific or new forms of services relating to LTC in China/Beijing/Shanghai, such as informal care or other types of services? How do you think about their development and roles?
- What is your tool to assess LTC needs? How do you consider UNAS? What is the situation of UNAS in China/Beijing/Shanghai?

- How do you consider the relationship between the government, market, society, individuals and families in LTC provision? More specifically, what is your opinion about what the government should do? What role does the market play in financing and delivering LTC in China/Beijing/Shanghai?
- Does the urban-rural dichotomy exist in LTC provision? How do you deal with it?
- What are the key and difficult points of establishing the LTC system in China/Beijing/Shanghai? How do you overcome them?

Reflective and feeling questions: The policymaking process and the actors' role

- Could you explain the general procedure of policymaking in China/Beijing/Shanghai?
- How did the exploration of LTC start in China/Beijing/Shanghai? What is the source of policymaking?
- Who was involved in the development of the policy? How do you think about the role of the central government in the local exploration?
- What has been your experience of participating in LTC policymaking in China/Beijing/Shanghai? If possible, please give specific cases.
- How do you view your role in LTC policymaking in China/Beijing/Shanghai? Why so?
- How do you participate in LTC policymaking? To what extent were your thoughts incorporated into LTC policies in China/Beijing/Shanghai? Please give specific examples (for social actors)
- How do we involve social actors? To what extent has the government adopted social actors' opinions or suggestions? Please give specific examples (for state actors)
- How do you think about the role of researchers and professionals in policymaking? Why?
- How do you deal with differences or disputes with other people or departments in LTC policymaking? Would you like to share any specific experience like this?

Informational and reflective questions: Key policies in Beijing and Shanghai

- Beijing Regulation, the Categorisation policy, and UNAS in Beijing.
- BPS, the five-into-one system, UNAS, integrated allowance in Shanghai.

STAGE 3: Conclusion

- How do you think about the future changes in LTC policies in China/Beijing/Shanghai?
- Reiterate confidentiality and permission to use the data for research purpose.

Appendix 3 Sections of the three interview transcripts in English

To display the data in English, this thesis included 14 sections of interview transcripts with three participants at China MOCA, Beijing HRSS, and Shanghai DRC, covering the three locations and three key government departments in Chinese LTC policymaking. Among these sections, the data cited in the thesis are shown in italics.

CBS01: senior official, China MOCA

Section 1: The core of the ageing policy system

... since the introduction of Policy No. 35 in 2013, there is a surge in ageing policies, including national policies, departmental policies, local policies, in different areas; comprehensive policies, special policies, specific policies; policies, regulations, planning. A large number of policies. However, *regarding LTC policy, I think the trend is not clear. All these policies, the majority of these policies focus on general or older people over 60, their daily demands. Namely, all problems in their daily life are categories as problems of ageing policy. Therefore, these policies are not very focusing.* Furthermore, these policies conflict or premise on each other, which make it difficult to implement them. I feel there are many problems. Regarding LTC, a policy closely related to it was the policy published by China HRSS in 2016, namely, the instruction on LTCI pilot, Policy No. 85. It is directly related to LTC. China HRSS selected 15 provinces or cities to conduct LTCI experimentation in 15 local areas. Although it was named insurance experimentation, it was a complete chain incorporating fundraising, service providers, service catalogues, qualifications of carers, assessment of service objects and so on. This chain defined LTC services in a very specific way and thus very operational. Another policy related to [LTC], or LTC related to older people's needs, was published by the State Council, Policy No. 85, namely the instruction on the health-social care integration, a comprehensive policy. The concept of integration has been introduced in Policy No. 35 since 2013, stating that integration is an important part of services for older people. That policy outlined six areas [of services for older people] and one of them [is integration]. But following policies of integration did not highlight the concept of LTC. Rather, they focused on the way of integration of care institutions with medical institutions, or with the primary health service centres in communities or health service stations, or how social care seamlessly connected with health care.

Section 2: The coverage of LTCI

As I said [at the Xiangtan Conference], I drew a circle, didn't I? One path is starting from the outside to the inside and the other path is the opposite. My thoughts support the latter path, namely starting with the core and then expanding to the outside. Therefore, I would like to mention those researchers, such as Tang Jun. They analyse disabilities [among older people] by employing six indices, didn't they? Severe disabilities are defined as those with certain types and numbers of disabilities and also social tools. In this way, there is a total of about 6-7 million older people [with severe disabilities]. Therefore, I argue that in the first stage, [LTCI] should start with severe disabilities and then moderate disabilities and at last mild disabilities and wider coverage, thereby securing safety nets for those with severe disabilities who account for a small proportion of older people and can be assessed by specific criteria. If

starting with those with moderate disabilities, the coverage reaches 40.63 million as China NCA announced, which is far beyond [the capacity of the state]. It is a matter of feasibility. I think we should allocate funding to the most needed areas. In this regard, [LTC provision] is the matter of addressing emergencies (*Xue zhong song tan*). But from another perspective, it is a matter of Moderate Universalism. For example, [China] MOCA pays attention to addressing emergencies. *Both social assistance and social welfare are aimed at special groups of people, namely recipients of three-Nos and five-guarantees. Later it expanded to recipients of MLSS, including those enjoying preferential treatments and affected by natural disasters. But it is very clear that they are the people in poverty.* However, when we talk about services for older people, [they are provided] based on their physical characteristics rather than the financial situation. In this regard, it [service provision] differs from addressing the emergency. I think it can be viewed as Moderate Universalism. It is not universalism meaning the state is responsible for all older people with disabilities. It is impossible [for the state], isn't it? Therefore, in this regard, it [focusing on the core] does not conflict with our advocacy of the appropriate-style universalism in social welfare services.

...

In my view, basic services for older people should exactly start with those with ADL/IADL disabilities. Starting with wide coverage, like Japan... It is said that its LTC funding is in shortage because the coverage is too wide, and the percentage of reimbursement is too high or some other reasons. Its LTC is at risk of bankruptcy.

Section 3: Policymaking in China MOCA

Question (Q): You believe that [ageing policies] should focus on LTC as the government responsibility starting with severe disabilities. Then, I would like to ask, are your opinions [about LTC] commonly shared in the MOCA system? Or they are not [commonly accepted] as you just mentioned that LTC has not been highlighted [in ageing policies]?

Answer (A): Yes, I think, my opinions are commonly accepted when I communicate with others. But, from the perspective of the entire society and the government, there is a lack of clear study [on LTC]. Normally people don't pay attention to details. For example, every time, you know, as you worked in China MOCA for a period, from the viewpoint of the division, the source of our work [policymaking] is not from the real problems revealed by our investigation and research and solutions from the discussion. Much work is from the instructions from the leadership, from the State Council, from the NPC's suggestions, or the CPPCC's proposals requiring a response. No problem for the State Council to pay attention to services for older people. However, problems presented by these persons or paid attention by the leadership are not studied in-depth because they are not supposed to do such work. Then, the consequence is that we make policies in response to the leadership's requests. Thus, policies either have low quality or are difficult to be implemented. Instead, we spend little time and energy on the problems existing in practices and requiring policy response. This is a big problem [in policymaking]! It causes the situation I just mentioned that practices desperately require to clarify the focus; however, [China MOCA] is unable to address it. You can find many cases [like this]. Similarly, in local areas, the provincial leadership instructed that canteen is good for older people and local governments should popularise it as soon as possible. Then

local MOCA listed it as the top priority, for example, one of ten annual tasks to establish canteens. Is canteen feasible? How much should the government subsidise it? (It is really not necessary.) Exactly! It is not necessary. (Furthermore, it is not the responsibility of the MOCA system.) Exactly! Deeply, this kind of way of policymaking is related to Chinese institution, namely, we should be responsible for the superior government or leaders. Of course, we should be responsible for both the superior and the public. In principle, we should combine these two. However, in terms of your energy and time, you probably have been busy with your work and thus you have no time to investigate [the issues] in the public. You see, when we conduct the investigation, we found a severe shortage of skilled workforce, high rotation, low salary, high labour intensity, and high societal risk. What should we do?

...

Q: So, you may conduct research on some issues and make proposals; however, they are not transformed into policies?

A: Yes! The only way they can transform into policies is they [leaders] figure out and then instruct on us. Then we conduct research again and make proposals.

Q: On what condition they can figure things out?

A: Instructions from the superior!

Q: It is too realistic!

A: Yes. It is very difficult despite that I'm from the division.

Q: So, you just mentioned real situations [of policymaking]. What is your ideal policymaking, such as LTC policymaking? Is it from the bottom to identify the problem?

A: I feel, I think, first of all, the attention attached by the superior government. It is China's feature. As long as CPC or the leaders pay attention to the issue, it is very likely to address it. You should follow this [rule]. Furthermore, it must be key post-holders who pay attention to the issue. For example, Chairman Xi's speech on 27 May. Now the core is the implementation by all departments. With the attention and the leading groups or the joint conference system, all departments can sit down to discuss. The investigation addresses specific questions, namely, specific issues that are unclear and demand specific solutions, and how to refine and summarise experiences into policies. But big patterns or big trends should be decided by the superior government.

Section 4: The relationship between China HRSS and China MOCA

It [the concept held by China MOCA] is not LTC! It is China HRSS that put forward this concept. LTCI must be the core of future LTC institutions. The department that controls this area gains advantages! Currently, China HRSS rather than China MOCA grasped it. Therefore, China MOCA is like a headless fly. Instructions from the superior leaders on anything associated with the ageing population are given to China MOCA, making it fully occupied by responding to suggestions and proposals, NPC and the State Council's inspections. It is like MOCA is the leading role in this area. However, China HRSS has already found another way and got your

back. We [China MOCA] hasn't realised it yet. Once that system [LTCI] establishes throughout the country, how much funding can LTCI provide [for services]? For care institutions, [if] China HRSS publishes a policy, they have to follow it, haven't they? Standards put forward by them, such as criteria of LTC providers, should be followed! China HRSS controls funding! Funding is everything, isn't it? For example, China HRSS conducts an assessment of what kind of disabilities should be funded by LTCI and what services should be provided. Where are you going to do an assessment if not going to them [the HRSS system]? China HRSS gets the core that has the highest quality and the very core. What is left for China MOCA is the periphery, such as playing *Mah-jong*, cards, Jing opera and so on. [People complain] their contributions are not valued. Why do people always say China MOCA and local MOCAs just do jobs without *Hanjinliang*⁴⁵? These jobs are low-quality business. What quality is contained in these businesses?

Q: [China MOCA] does not get the core.

A: Exactly.

Q: As you mentioned, this (LTC) should be secured by the state and the focus of China MOCA, but China MOCA failed to get it.

A: Did not get [the core] at all! Of course, the situation is difficult for China MOCA, which can't say that businesses associated with 240 million older people, such as older people [who are not disabled] and canteens, are not our business. We only focus on those with severe disabilities. Currently [China MOCA] dares not to propose this because the leaders of the State Council and Chairman Xi are all concerned with these over 200 million older people. Therefore, *it is the bamboozler by healthy older people who caused the top leadership to believe that services for older people are related to all over 200 million older persons. In fact, they are not!*

Q: From the perspective of government responsibility, you should focus on some areas, shouldn't you? Those addressed by the market and society should not be considered as your [China MOCA] responsibility.

A: So, the situation is that China MOCA tends to reverse the situation saying I'm not responsible for all these businesses anymore, and I need to focus on my [real] objects and services; however, it depends on the attitude of the leaders of the State Council. You and society have already imposed the impression that China MOCA is responsible for canteens and any issue associated with the ageing population. Therefore, it is difficult to reverse the situation even if China MOCA recognised the problem. Even if I'm in the position of the director of the division, I don't think I can do it. Both leaders of the ministry and the central leadership have such impression and give instructions on daily basis. How can you say I'm not going to do it and insist on focusing on LTC? [Furthermore], your statutory responsibility does not include this word (LTC), does it? From this aspect, without the attention [from the central leadership], China HRSS and NHC can study the [LTC] problem and understand the real situation and thus introduce policies that exactly address people's needs, thereby controlling the future [of LTC policymaking].

⁴⁵ *Hanjinliang* in Chinese means quality, expertise, and influence.

Section 5: Problematic funding sources of LTCI in Beijing

... The most important is [premiums contributed by] employer and public funding. We have talked employer just now. It's from...surplus of the health insurance fund. In some areas, the health insurance fund has had a deficit. How to deal with LTCI without surplus? The government can't get funding by raising the premium rate for employers. The other thing is that it's problematic for China HRSS that the instruction allows using health insurance.

Q: Yes, [China] HRSS made this point very clear.

A: The social insurance law states clearly that the health insurance fund is to be used in medical treatment. By definition, LTCI is to solve the needs of disabled persons for daily living and intimately related medical treatment. Although concerning medical treatment, LTCI prioritises social care, which is against the social insurance law. It's a legal problem to be solved and a ton of work for China HRSS can be anticipated in the future. So, for employers, even surplus does exist in all areas, there is a difference in the amount of surplus. For example, 5 billion CNY for some areas and 50 billion CNY for the other areas. Thus, with 50 billion CNY surpluses, LTCI can be sustained while not for the area with only 5 billion surpluses. Why? Too little money can change nothing. For example, LTCI can only provide 5 CNY/day/person, what can this money do for the disabled person? Nothing. So, it can only be maintained temporarily. In the long run, it's definitely unsustainable. As to public fund, the percentage is quite high for Beijing with 4%. For other types of social insurance, no one demands public funding on such a scale. Any type of social insurance is contributed mainly by employees and employers. So, I've always been critical in the meetings, saying they're doing their job frivolously and think about LTCI in a superficial way. Disabled older persons have been over 40 million CNY. If calculated the cost by 20,000 CNY/year/person, the total expenditure is 800 billion per year. For some areas with financial deficits, where even the payroll for the government staff can't be ensured, how can you expect them to implement LTCI? Very little possibility. So, China HRSS took the wrong step in terms of fund-raising.

Q: But for Beijing, the public fund should not be a problem as we all think Beijing ...

A: This depends on the determination of the leadership. If the leadership determines to do it, Beijing may not have a big problem. It is the first big problem, funding problem.

Section 6: Social care and LTC

Q: Is it acceptable to provide social care and impossible for LTC [for care centres]?

A: Yes. Professional services are not as simple as washing faces and feeding.

Q: Beijing is conducting a large-scale project constructing care centres in resident compounds, aiming to integrate LTC into it. Not sure of the progress.

A: I just did fieldwork in *the Huaweixili* community, *Chaoyang* District with Beijing PC. [We visited] a care centre and nursing home which only has 8 beds and requires to be assessed as a designated national health insurance unit. I really doubt it can be viewed as a nursing home. There is a huge difference between the nursing home and the care centre.

Q: Is it really capable of delivering LTC in the community and home settings?

A: It is impossible! At first, you should have the personnel. You at least should have enough professionals. That's the problem I just mentioned. If it covers residents, for example, 3000 households. You should have social care workers and medical professionals as well, though the number of medical professionals can be less than social care workers. Otherwise, the nursing home can't sustain itself. For example, care workers are unable to do nasal feeding, while medical professionals are unwilling to do it as it is (traditionally) viewed as serving people. [Then,] the majority of domestic service workforces in big cities are from rural areas. In their 40s or 50s when children are studying at school or graduate. They don't have much domestic workload; however, they don't have much education. They start to provide services with simple or no training. What is required to be trained for them? Maybe only a short speech. It will be a big problem. For Beijing, no eligible persons provide services if over 100,000 older persons have LTC needs by assessment.

Section 7: A stable funding source ignored by Beijing

A: Shanghai...as I said, the most critical problem, the funding issue has been solved well. Shanghai is different from Beijing. In the pilot, neither individuals, employers nor the government really contribute to LTCL. Shanghai lowered 1% of the social insurance premium rate and used it to finance LTCL. The value of this 1% is 10 billion.

Q: Per year?

A: Per year.

Q: Is it enough [for LTCL]?

A: Yes. [But] Beijing can only get 3 billion even if we try our best.

Q: ... The premium rate in Shanghai is higher than that in Beijing. So, Shanghai only allocated funding from the social insurance funds to LTCL?

A: Reduced 1%. For example, the premium rate for employers was 12% in Shanghai. It is said that the premium rate was reduced by 1%. In fact, it wasn't. It was just used to finance LTCL.

Q: But if the policy stated to reduce 1%, then the premium can't be collected.

A: It is just said to be lowered. In fact, it isn't. It is still 12%.

Q: Does that mean Shanghai only changed the title of that 1% insurance premium?

A: Yes, that's why I said Shanghai obtained LTCL fund in a tricky way.

Q: Does that mean Shanghai promotes LTCL vigorously just because they don't have the pressure of funding?

A: Yes. they have 10 billion of the funds [per year for LTCL] and their coverage rate is higher than Beijing. There are different levels of disability involved in LTCL. Beijing only covers older people with severe disabilities. If Beijing adopts the same policy as Shanghai, the funding is definitely insufficient. Shanghai method is an exception in the whole country...Beijing was intending to use the same way; however, no one supports it.

Q: Why? Because Beijing's premium rate is low?

A: *Because the leadership's concern doesn't reside here.*

Q: Why?

A: As to this, if the leadership attaches importance to it, the job is easier to do. For example, we went to the Shijingshan District for data collection on 31 May and reported to the Beijing government, which requires us to submit the LTCI pilot proposal as early as possible.

Section 8: The low priority given to LTCI in Beijing

Q: Just some small questions. For example, you mentioned the intensity of government and the attention paid by the leadership.

A: In our view, if the leadership gets worried, you get everything [resources for policy], don't you? (right, even finance can be solved). Off the records, we can talk about it. For example, last year, we reported to the government. according to Beijing HRSS, the LTCI pilot was expected to be discussed at the municipal government conference. However, off the records, this report was circulated and returned to Beijing HRSS.

Q: So, from the level of the Beijing government, it is not prioritised as important.

A: Right. They didn't treat it [LTCI] as a good thing and a newly emerging issue to try to do well.

Q: Why didn't Beijing PC come forward [to promote it] this time?

A: Beijing PC boasted it up very well. In 2016 and the first half-year of 2017, Beijing PC asked us if we have any issue at the meeting, saying we can approach Beijing FB if you are in shortage of funding, and leadership. At that moment, it even promised to bring *Wang Ning* and *Lin Kejin* together [to discuss LTCI policy].

Q: Then neither had the time?

A: No, Beijing PC just fooled us.

Q: Because Beijing PC appeared active in law enforcement inspection on Beijing Regulation?

A: Last year we argued with Beijing FB for a long time for funding the LTCI pilot, but they just didn't approve it. [They argued that] LTCI should be marketised and now you ask for funding?

Q: So, they also follow the leadership [s attitude]?

A: Right. Therefore, it should not be approved. Later, we said you should ask your deputy mayor. We have different deputy mayors. Our deputy mayor later said theirs even didn't know it [LTCI pilot and demand for the public fund].

Q: Everyone would know it if LTCI had been discussed at the municipal administration meeting.

A: Yes. there is no meaning for under-ground discussion.

Q: But our Beijing HRSS must attach great significance to it.

A: Yes definitely. You see our chief director even commented on this report (Yang showed me an internal policy paper) that we should work harder and talk less with respect to LTCI.

Q: Is he...?

A: Yes, he is our top leader of Beijing HRSS.

Q: So, Beijing HRSS pays enough attention to it?

A: Yes definitely! We even have reported to the top leader [about LTCI] a few times. He also visited the Shijingshan District for fieldwork followed by us.

Q: You must feel frustrated.

A: Yes. In 2016, there was a conference in Shandong Province. *Wang Dongjin*⁴⁶ said: [it can be concluded as] no valid reason to justify LTCI...Currently China HRSS commonly agreed that LTCI has no valid reason as justification. It is from the perspective of the state rather than Beijing...Why no valid reason? He explained that there is no legal basis. Thus, no valid reason as justification leads to difficulties [in promoting and implementing LTCI].

Section 9: Financial pressure

A: You see, can it happen if the funding problem hasn't been solved in LTCI implementation? we only talk about the funding issue and exclude other relevant issues. It's the priority. Funding sources are so clear, including employers, individuals, and the government. As to employers, *the economic situation almost hits the ground, especially this year*. [No one dares to ask for the higher premium rate for employers]. You may not notice it. If you look at the global stock market which keeps down, [you will find the serious economic situation in China]. For example, ZTC is almost destroyed once the US declared sanction against it. Tens of thousands of employees may lose their job. What money and where is it from? (thus no one dares to mention it). you say it should be established by 2020, but *funding is the most critical problem. How to solve it? After all, you need to ensure funding sources*. ... may be one option. The others, such as services. Without service provision, we rely on family relatives and make full use of a pension. As to the level of benefits, just try the best [by the state]. Thus, it's impossible without funding. It is a big issue indeed. Those pilots are all on a small scale. For example, how much money will be required if LTCI is established in Jiangsu Province? *For Beijing, it's not so challenging regarding fiscal capacity. However, Beijing is also facing pressure in recent years*.

Q: Really? In our view, Beijing ranks the top in terms of fiscal capacity.

A: Definitely. *Only take the re-location of Beijing government departments to the Tongzhou District as an example, it is projected to cost hundreds of billions CNY*.

Q: But it is not going to happen immediately.

A: No, the next year...*There are tens of thousands of staff to move, who at least require apartments to live*...Not early now. The central government has given the order.

Q: It is said that public finance has the pressure, but it still can be established if the leadership really has the intention and willingness to do it.

A: In Beijing, currently tax should be reduced for enterprises. In the future when the central special district is established in the two central circles, the tax base in this area will belong to the central government instead of Beijing.

⁴⁶ The then deputy minister of China HRSS

Q: Really? We only consider changes in land authority, not changes in the tax base.

A: More than land authority. *In the future, the central commercial district will include Dongcheng District and Xicheng District, which will not belong to the Beijing government anymore. This change will result in more than one hundred billion of taxes channelled to the central government.* It's lucky that these two districts are small. If expanding to Chaoyang or other districts, what has been left to Beijing?

CBS22: senior official, Shanghai DRC

Section 10: Shanghai DRC in LTC policymaking

... According to international experience, we should establish relatively independent insurance [for LTC]. So, we put forward LTCI. Our original perception of LTCI was not ... how to put it? Our original thoughts were to integrate healthcare and social care into one system based on a shared perception, namely, it is hard to differentiate being old from being ill. In old ages, people have more or less chronic diseases even without acute diseases, such as high blood pressure and diabetes, don't they? These diseases are closely related to your age and the prevalence gets significantly higher when people get older, thereby causing health care needs and social care needs as well. Therefore, *originally, the municipal leaders required us to fully integrate health care and social care, their service providers, forms and contents of services, and financial security. It [the municipal leadership] hoped to achieve integration through LTCI. At that time, because of institutions, administration institutions, as in China, this situation may be special. Under different institutions, it is easy to say but difficult to achieve integration. This context highlighted the role of [Shanghai] DRC. Namely, what our DRC does is usually to balance and coordinate multiple departments.* For example, reforms on health insurance in 2009. Why was the Reform office set within the China DRC rather than China NHC? The reason is that we find that the entire reform on health insurance is the coordinated action on health care, health insurance, and medicine (*San yi lian dong*), isn't it? It involved many more departments than LTCI did. At that time, no department was able to coordinate these departments, so China DRC stood out. Therefore, we had our considerations to designate [Shanghai] DRC to lead [LTCI]. It doesn't mean deep considerations, such as DRC is more professional than other departments. Regarding being professional, DRC is not professional. The only consideration is this [coordination]. Therefore, [Shanghai]DRC led LTCI.

Section 11: Shanghai MOCA, Shanghai HC, and Shanghai HRSS in LTC policymaking

... [Shanghai]DRC promoted resource integration after leading [LTC policymaking]. One prominent aspect is [integrating various assessment standards]. LTCI requires assessment. LTCI does not mean that everyone can benefit from it. You need to meet some criteria. At that time, an existing assessment standard was used by [Shanghai] MOCA. It has been used for quite a long time. Therefore, we used that one as the basis and then commissioned the health research centre affiliated to [Shanghai] HC to design a need assessment specifically for LTCI named the 'Unified Assessment for Older People'. It is called the unified assessment standard because we believe that MOCA's social care and health care are unified but with different levels within this standard. That is, when older persons apply for assessment, this standard can classify older people into six levels. The former two levels are home care [to

meet LTC needs] provided by the government, thus they don't need to go to care institutions ... *To be honest, the two departments had different opinions at that time. [Shanghai] MOCA was determined to defend its position saying that its standard has been used for over a decade and thus is mature. However, [Shanghai] HC emphasised its speciality saying their [services] are health care that deserves its own assessment standard.* For us [Shanghai DRC], it is the waste of resources, no matter human resources or administrative costs. We believe they can absolutely be integrated, can't they?

...

In the enlightenment (initiative) stage, this tune has been set in the early stage of the study, that is, we must "unify". Originally, we hoped to achieve a few unifications, not only the need assessment standard but also workforce. We believe that we should unify the workforce [for LTC]. In fact, *[Shanghai] MOCA has a stable and large workforce. However, [Shanghai] HC looked down on it for not being qualified by the health care system. At that time, we firmly insisted that this workforce, two parts of LTC for older people are nothing more than overlaying, aren't they?* For example, about 70% of services are common for social care and LTC and only 30% require health care and correspondent qualifications. If we provide unified training and these carers get their qualification through training, why can't they provide LTC? You can't view them as a resource belonging to MOCA. Definitely, you should abandon this idea! It is not the thing that this workforce belongs to MOCA and that belongs to HRSS, isn't it? This workforce itself is a scarce resource. We increasingly find that not many people are willing to care for older people, are they? Currently, they [Shanghai HRSS] encounter a shortage of workforce. Why we can't implement LTCI throughout the city from the beginning, namely every street started LTCI? The most important reason is the workforce. If older people are assessed and LTC needs are clarified, do you have enough manpower to provide onsite services? It is the biggest constraint [to LTC provision]. It is not about money. The shortage of human resource is the biggest constraint! Therefore, what we designed originally was to unify [assessment] standard, the need assessment standards, workforces [regulated by different departments], and the fund settlement. That is, we hope to achieve the unification of funding for social care and health care in the future since LTCI is there. However, we did not succeed and funds [for social care and health care] remains separate. [Shanghai]MOCA is still funding social care through the public budget and [Shanghai]HRSS uses the health insurance funds. Why can't we achieve [the unification of funding]? Because [Shanghai]HRSS places great emphasis on their uniqueness, believing that the health insurance funds follow the law and can't be used for services other than health care. Currently, real independent insurance has not been established meaning [LTCI] is still using the health insurance funds.

Section 12: Government responsibility and financial constraints

I am not clear about MOCA's policy [of encouraging private insurance]. I suspect I think MOCA is unable to promote [LTCI]. It is unable to stir the baton by itself. Meanwhile, it sees the huge demands as it works on the front-line and gets information. Therefore, MOCA placed its hope on private insurance when it believes that the state has not shown determination to do this [establish LTCI]. I guess so. *As to why the government decided to establish social insurance, when we were discussing it, there was an opinion that the government did hope private*

insurance play its role in health insurance. But in fact, it proved to be very unsatisfactory, very unsatisfactory! ... From the point of view of LTCL, we also considered to what extent private insurance can function in it. However, we were uncertain about it. Furthermore, from the perspective of population ageing, we believe that it is indeed government responsibility. Population ageing is a great challenge for economic and societal development in Shanghai. In this regard, we think it is not a matter of what we can do. We view it as our undeniable responsibility and the government should take this unavoidable responsibility. Therefore, we didn't pay much attention to private insurance when we were considering [LTC funding mechanisms].

...

In the end, it is a matter of whether if you mean to do it! Money is a never-ending issue. No one would say I have enough money and couldn't find issues to spend it. This problem exists forever! If we tend to do it, we will create conditions to do so. As I know, our HRSS communicated with China HRSS over the pilot of LTCL. We didn't expect China HRSS to make a policy for our [pilot]. However, at least China HRSS should approve and acquiesce to our policy exploration ... In fact, you'd better do nothing if you follow all the old rules. Our [policy] explorations mean to destroy the old rules and then build new policies. Definitely! What I can say is that we think at least our municipal leadership has such perceptions that Shanghai will confront a big challenge [of population ageing and disability] in economic and societal development. They deal with it as an urgent mission. With such a determination at the municipal level, our related government departments share it. Therefore, we are determined to do it and even create conditions to do so before they are ready, aren't we? If it is the matter [of money] as Beijing believes, its public transportation concessions are very large, requiring an investment of 20 billion CNY per year. In our minds, Beijing is so rich, and Shanghai can never do it! ... Our municipal government confronted great pressure at that time! The mass public complained that Beijing was able to do, so why not Shanghai? Was it because Shanghai was out of money? But we believe that public finance should be invested in this [LTC] rather than that [public transportation].

Q: So, this is actually a matter of resource allocation and usages, rather than saying that Shanghai is already very rich?

A: Definitely it is not a matter of money! Impossible! No one would say we are rich enough! Furthermore, indeed, it is not because we have enough money to do it. Rather, we do it because we believe that is what should we do.

Section 13: Experts in LTC policymaking

Q: How do you think about the role of experts in policymaking? The fieldwork found different opinions in different departments.

A: Definitely a limited role! I worked in the government for over 20 years before joining this organisation. I'm quite clear about it. Shanghai is a typical big government with a small society. The Shanghai government is very powerful, and the strength and ability are relatively strong. It is confident with controlling the situation through policymaking ... Of course, the government must listen to the experts. (It means the government is quite open?) Yes indeed. But if we ask some relatively general questions, they incorporate in the adjustment of their

policy proposals. However, I don't think it is enough. I have to admit that when I was working in the government, when I was formulating the policy in the early stage, I was not good at listening to external suggestions. There are many reasons and one is the urgent case requested by the leaders. They don't give you much time to listen to others' opinions and then spend time refining the proposal. In general, the leaders prefer that you provide policy proposals within one month when the instruction is given. This is popular [in the government]. The second is [the government] values confidentiality especially before publishing the policy. What they [policymakers] discuss is inaccessible even for us, a government-affiliated thinktank, let alone experts [outside the government system]. It [policymaking] attaches great importance to confidentiality. [We can know something about the policy] only when the policy is released and they [policymakers] provide us with information. [I think] the above two points cause [less involvement of social actors].

Q: Does this situation apply to any policymaking?

A: Basically, yes, it is like this. It is basically like this as long as policies are related to people's livelihood and influence a large population. Because the government is afraid that the hot discussion in society before the policy has been finalised [puts pressure on them]. I'm very honest with you. I'm quite familiar with [policymaking] as I was transferred from the government system. Back then, I felt the same. I was also afraid of being in trouble. You know, social media is so powerful. In case, it releases [some information about policy], thereby putting us and the responsible department at a disadvantage.

Section 14: Regional policy style

Q: Have you ever heard about the Jing-style and the Hai-style of policymaking? When I was in Beijing, they are honest with this [difference] saying that Shanghai has a higher level of policymaking and we can't compare it with the Hai-style policymaking. Have you ever known the Jing- and the Hai-style policymaking?

A: I'm not sure it is positive or negative or neutral?

Q: It should be positive as I heard acknowledgement by a few departments.

A: At least in Shanghai, there is no such saying in Shanghai. It is more like outsiders who view Shanghai by standing outside of Shanghai. Definitely, on the positive side, when we communicate with our counterparts in Beijing, they also agree that our governance is more advanced than theirs in terms of policy refinement. They are sincere about it rather than laughing at us ...

Q: Our policies, besides the feature of refinement, there is another feature that you just mentioned as enlightenment.

A: [All] follow the rules! *We hope we all follow the same rules* and [our policies] are fair, equal, and open. I hope so! From my viewpoint, I've long been working in the social area and has little experience in the economic field. *As to the whole set of policies in the social area, public policies, no matter social welfare, social assistance, or social insurance, including employment [policies], all these policies concerning people's livelihood. We have done well regarding [achieving] major objectives. They [equality and equity] are our constant objectives. We do not like making implicit discrimination policies (Da men bao), do not like too many biased*

policies applied to different groups of people. We think it is unreasonable. Adjustments to the existing policies aim to eradicate unreasonable elements, hoping to apply one standard, one policy, and one rule to all the people. Therefore, we all follow the *rules*. You don't need to come to me to open the back door or hope to *Da bai tiao*⁴⁷.

⁴⁷ Refers to illegitimate promissory notes.

Appendix 4 Four-step thematic analysis and output

Codes * 64	Sub-themes * 38	Themes * 12	Findings * 3
Category 1: Policies <ul style="list-style-type: none"> • Key concepts/terms • The 13th Five-year Planning • Population ageing policy development • Social welfare policy development • Funding sources of social welfare • Benefits and effectiveness of social welfare • Imperatives of social insurance • Obstacles of social insurance • Funding sources of social insurance • Financial sustainability of social insurance • Social insurance benefits • Fairness of social insurance • Service system for older people • LTC services • Health-social care integration • New types of services related to LTC • Skilled workforce 	<ul style="list-style-type: none"> - More and specific central instructions - More LTC-related policies - More LTC-related policy experimentations 	1. State's increasing attention to LTC provision	A contrast of the state's increasing attention and conditional commitment to LTC provision
	<ul style="list-style-type: none"> - Conflicting opinions about targeted welfare - Conflicting opinions about LTC insurance - Conflicting opinions about the priority of LTC in service delivery for older people - Ambivalent attitude to market 	2. Lack of clarity of national strategies	
	<ul style="list-style-type: none"> - A lack of performance monitoring in policy pilot - A lack of follow-up policymaking on five-year planning and workforce 	3. Lack of further action to implement national strategies	
	<ul style="list-style-type: none"> - Targeted welfare with limited effectiveness - Unsuccessful social insurance pilots - Superficial and chaotic integration - Minimal role of the market 	4. Problematic implementation of national strategies	
	<ul style="list-style-type: none"> - Role of political pressure - Role of public opinion - Role of budgetary constraints - Role of research evidence 	5. Highly divergent conceptualisations of the LTC problem	The Beijing Case: a highly divided and unfavourable LTC policy community
	<ul style="list-style-type: none"> - Social welfare as a funding mechanism - Social insurance as a funding mechanism 	6. Highly controversial views on the two major funding mechanisms	
	<ul style="list-style-type: none"> - Priority given to LTC in service delivery - Degree of the health-social care integration - Conflicting attitudes to ability and needs assessment standards 	7. Controversial views on the design and delivery of LTC	
	<ul style="list-style-type: none"> - A weak political will at the municipal level - Powerful Beijing MOCA - Relative weak Beijing HRSS - Disadvantaged researchers 	8. The uncondusive political context for LTC policymaking	
Category 2: Policymaking process <ul style="list-style-type: none"> • Social /policy problem • LTC needs • Government responsibility • Basic Public Services • Priorities of ageing policy • Policy learning • Policy knowledge production • Policy pilot • Public opinion • Political pressure • Policy resources/capacity constraints 			

<ul style="list-style-type: none"> • Fiscal capacity/budgetary constraints • Research evidence/research project • Governmental turnover • Performance evaluation • Political will • Policy instrument/Public-private relations • Needs and ability assessment <p>Category 3: Actors</p> <ul style="list-style-type: none"> • Governmental officials • Researchers • Service providers <p>Category 4: Settings/Institutions/Departments</p> <ul style="list-style-type: none"> • Economic development/fiscal capacity • Population ageing/disabled older people • International situation • Central-local relationship • Regional disparity • China MOCA/HRSS/NHC • China/Beijing/Shanghai NPC and CPPCC • Beijing MOCA/HRSS • Shanghai MOCA/HRSS/HC • Beijing/Shanghai municipal government • Shanghai DRC • Cross-departmental cooperation/coordination <p>Category 5: Ideas, e.g. culture, ideology, philosophy, value</p> <ul style="list-style-type: none"> • Policy traditions • Policy ideology and philosophy • Values • Attitudes to policy change/reform • (Dis)trust between researchers and government 	<ul style="list-style-type: none"> - Role of evidence of LTC needs - Role of public opinion - Role of capacity constraints 	9. Consensus on the conceptualisation of the LTC problem as a threat to society	The Shanghai Case: a relatively unified and supportive LTC policy community
	<ul style="list-style-type: none"> - Social welfare as a funding mechanism - Social insurance as a funding mechanism 	10. Evident support for the social insurance approach with different voices	
	<ul style="list-style-type: none"> - Priority given to LTC in service delivery - Degree of health-social care integration - Development of new types of services - Consistent attitudes to ability and needs assessment standards 	11. Convergent views on the LTC-centric approach to LTC delivery with different voices	
	<ul style="list-style-type: none"> - A strong political will at the municipal level - A relatively balanced power relationship between three functional departments 	12. The conducive political context for addressing the LTC issue	

<ul style="list-style-type: none"> • (Dis)trust between market and government and the public 			
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Appendix 5 Information sheet

INFORMATION SHEET

Title:

Policymaking for Long-term Care Provision for Older Disabled People in China - A Comparative Study of Beijing and Shanghai Municipalities

Thank you for taking the time to read this information sheet. It briefly describes the research project and aims to provide all participants with complete and concise information before deciding to participate in the project. I look forward to your participation.

I'm a visiting researcher at the China Philanthropy Research Institute of Beijing Normal University (CPRI) and a PhD student in social policy at the University of Bath, the United Kingdom. The focus of this research project is long-term care (LTC) policymaking in China, namely, how LTC policies are made by Chinese policymakers. Thus, the main purpose of this research is to explore the process of LTC policymaking from the viewpoint of policymakers in the two case study sites, Beijing and Shanghai. In the end, I hope that this research can provide new knowledge to improve LTC policymaking practice and thus benefit disabled older people in China. I intend to conduct fieldwork in the two sites, interviewing directly with policymakers from the central government departments, and Beijing and Shanghai who participated in LTC policymaking in any aspect.

The Research Question

What are the key factors that contribute to explaining the different LTC policymaking experiences across China? The cases of Beijing and Shanghai.

Objectives –

- 1) To examine the national strategies of funding and delivering LTC instructed by the central directives*
- 2) To investigate the operationalisation of the national strategies of funding and delivering LTC in Beijing and Shanghai*
- 3) To explore the LTC policymaking approaches adopted in Beijing and Shanghai and their influencing factors*
- 4) To discover the implications for policymaking and welfare development in China*

The research will be carried out by the researcher Chunhua Chen. This project has received ethical approval from the University of Bath. Throughout the research process, the researcher will strictly abide by the standards of ethical conduct and minimise unnecessary anxiety to the participants. The interviews will take place at a safe and convenient location and at an appropriate time for the participants. At the beginning of the interview, the researcher will explain the project again to ensure that participants can give informed consent to participate. All participants will have the right to withdraw consent at any time. The interviews will be

recorded digitally. During the research process, the sensitive data will be anonymised and will only appear as codes. Once the research project is completed, the data will be destroyed immediately.

If you have any queries about this project and your participation, please don't hesitate to contact me.

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Appendix 6 Consent form

CONSENT FORM

Title of Project:

Policymaking for Long-term Care Provision for Older Disabled People in China - A Comparative Study of Beijing and Shanghai Municipalities

I agree to participate in this research project, which intends to explore the LTC policymaking process in China.

I understand the project is being carried out by a researcher Chunhua Chen from a social policy background.

I understand the main purpose and the procedure of this research project as explained by the researcher. I also understand that apart from the risks encountered in daily life, participating in this research project will not bring further risks.

I understand that my participation is voluntary, and I'm only expected to discuss issues that I feel safe and comfortable to disclose. I also understand that the amount of time required is about 60 minutes. After signing the consent form, I still have the right to stop the interview or withdraw my consent at any time.

I understand that the interview will be digitally recorded. The data will be securely stored in the researcher's CPRI office during the fieldwork, then moved and stored on the university's hard drive after the fieldwork. I'm aware that the researcher will be the only person to access the data. Once the research project is completed, the data will be deleted immediately and permanently.

I understand that the research will strictly abide by the principle of confidentiality. Information that may lead to the identification of participants will be collected during the interview; however, the researcher will anonymise the data to ensure that personal data and my responses can no longer be directly or indirectly identified in the data analysis and the publication or presentation of this research.

Signature:

Date: